Welcome

West Midlands Renal Network / KQuIP day

Today

- Focus on quality improvement in the West Midlands region
- Leading up to peer review
- Data we have available
- Areas of focus
  - Specialised commissioned renal care
  - Primary care
  - AKI
  - Home therapies
  - Transplantation
- Post it notes ☺

West Midlands UKRR data

Data sources

- UKRR; data from 2015 for publication in May
- NHS England dashboard data
- NHSBT
- UHB transplant

Use of data for QI

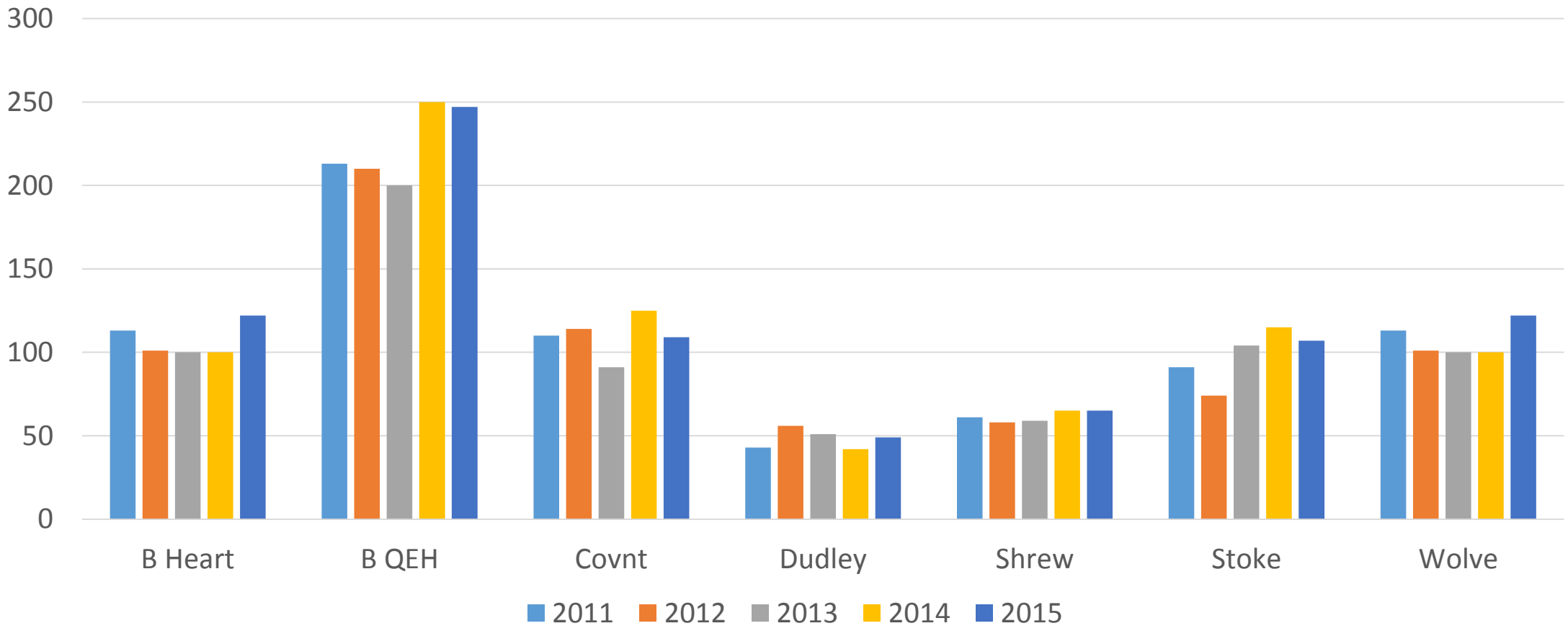
- Reliable data is very important to measure service against specified outcomes
- Renal very lucky to have such a comprehensive dataset as UKRR
- Need to:
  - Ensure what is submitted is complete and correct
  - Ensure what is measured is helpful
  - Ensure it is reviewed in a structured way by the units
  - Use to facilitate QI projects within the units/regions
  - QI effects measured using same data set

Health warning….

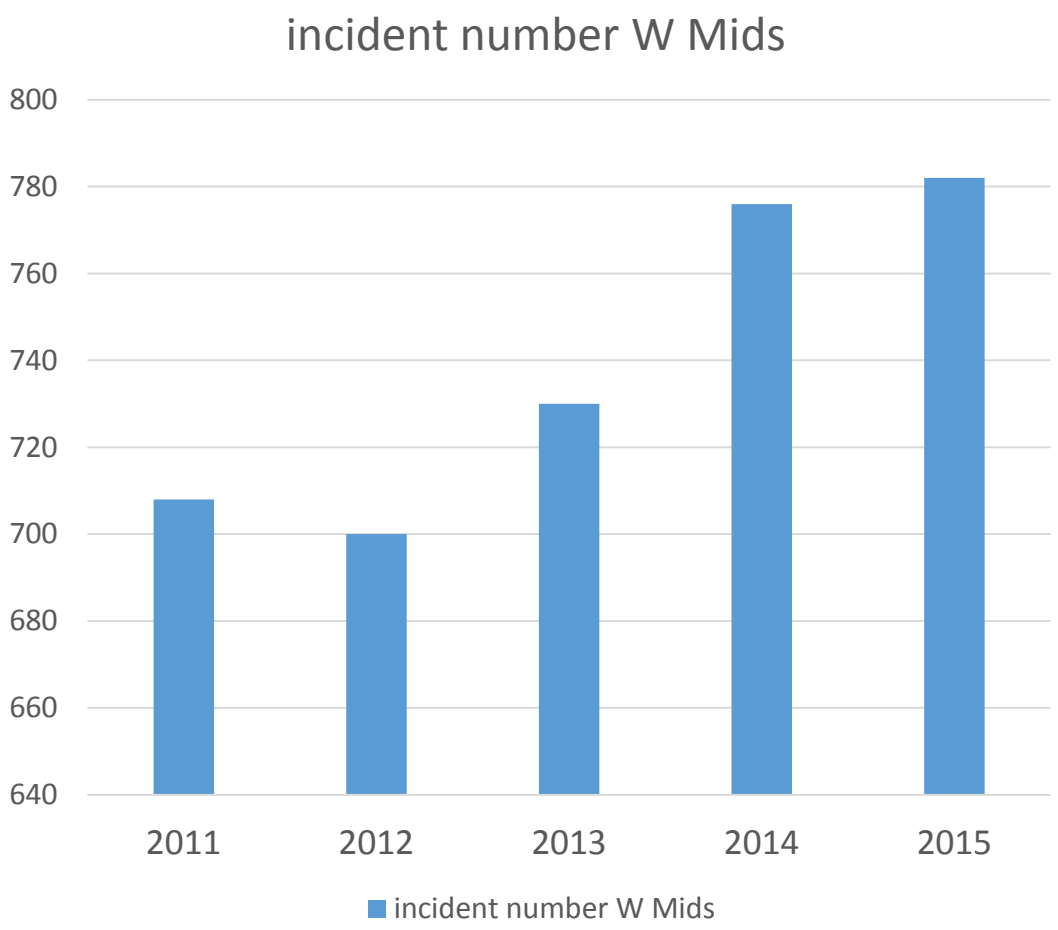
- Exact targets for many measures difficult to provide
- Very easy to explain away data
  - Our population is older/more ethnically mixed/sicker etc
  - That was ages ago; we are much better now
  - We are/aren’t a transplanting centre
- This data is in the public domain: examine critically and imagine you were a patient choosing where to be treated
- Each unit needs to provide high quality care to the population they serve

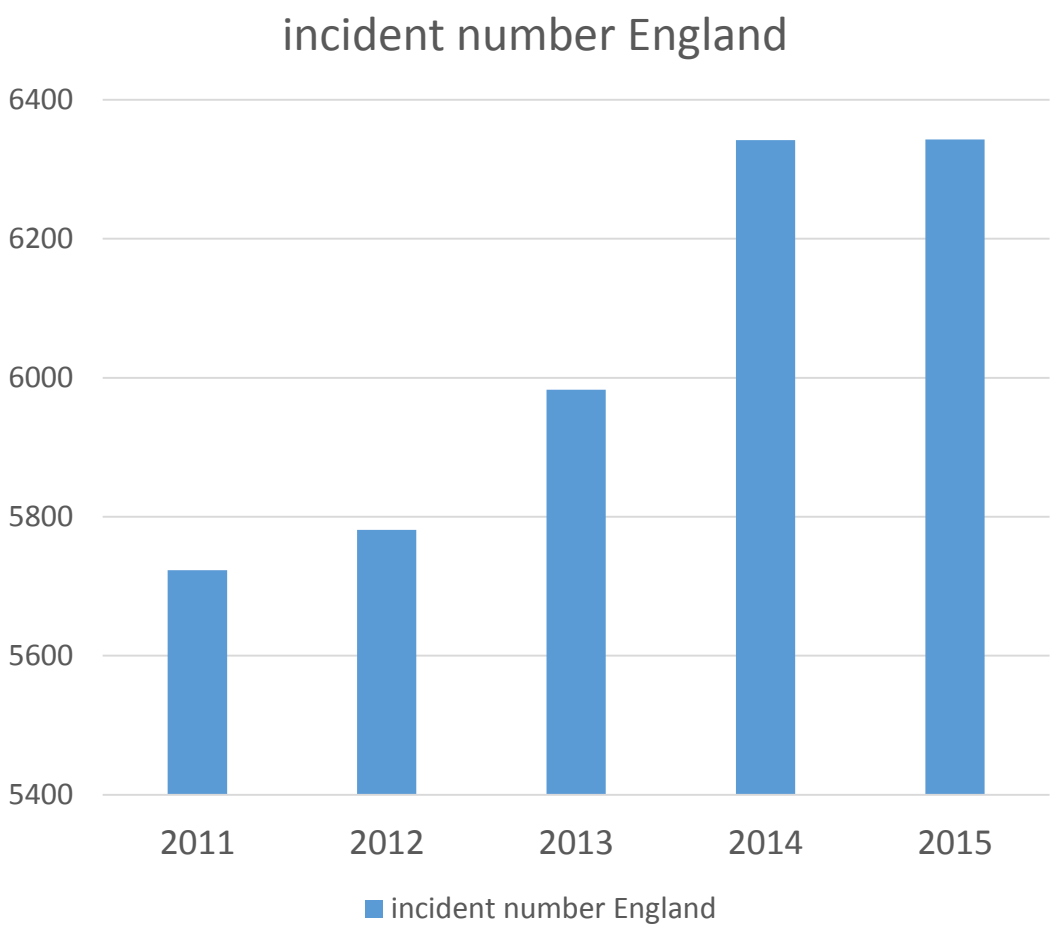
Numbers on RRT

Incident RRT

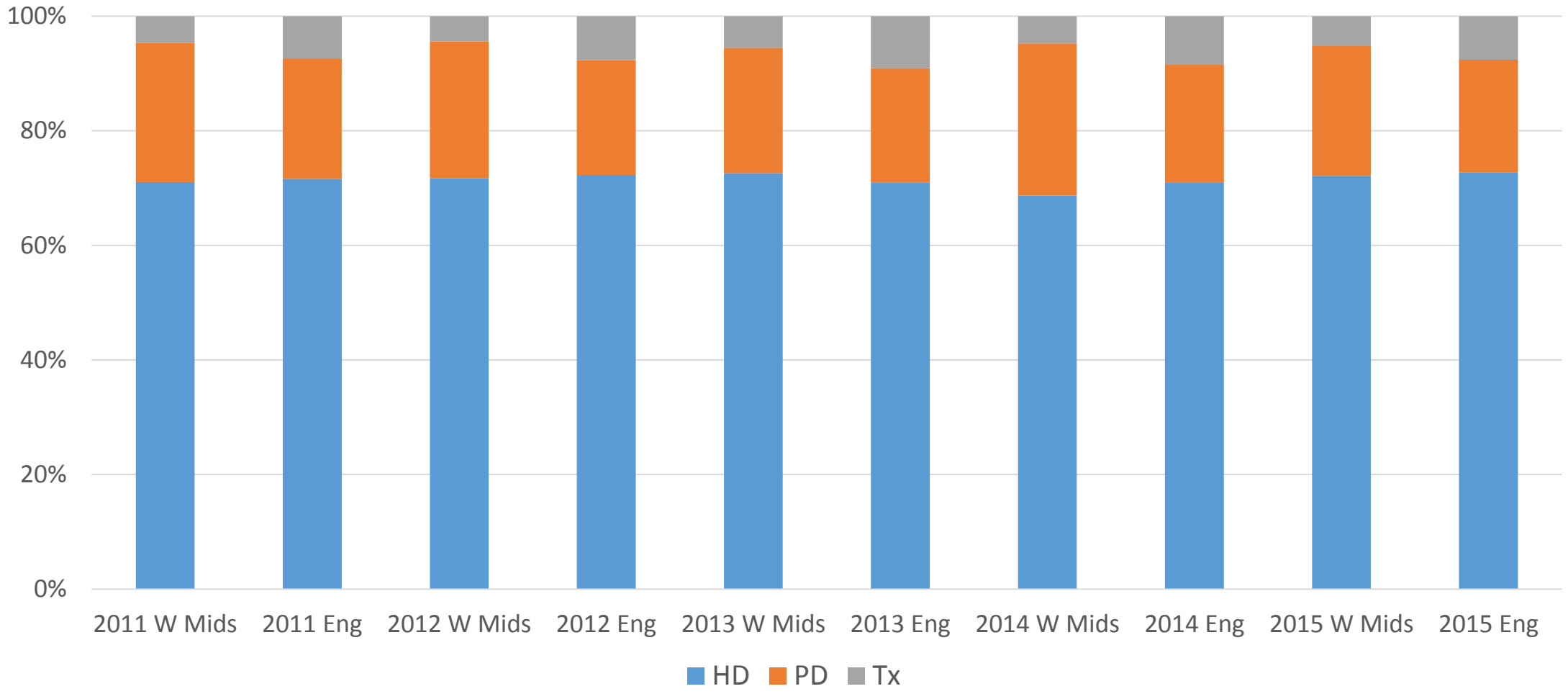


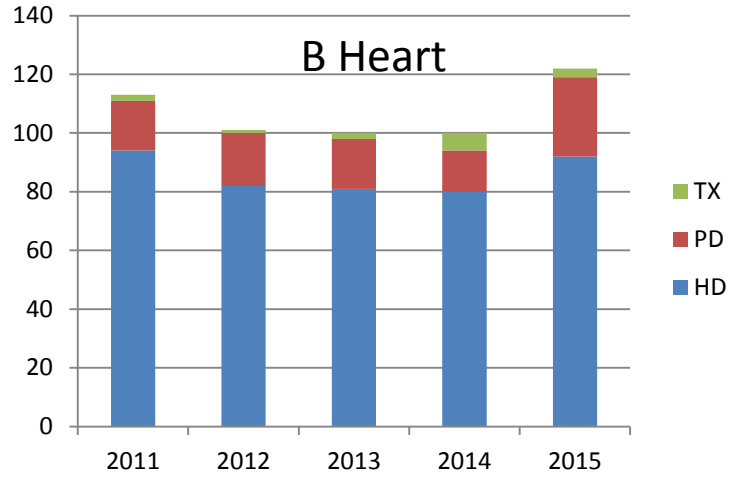
Incident RRT 2011-2015

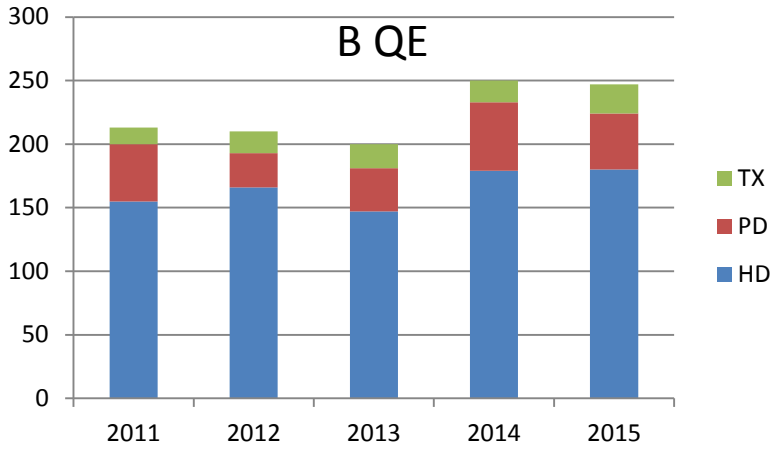


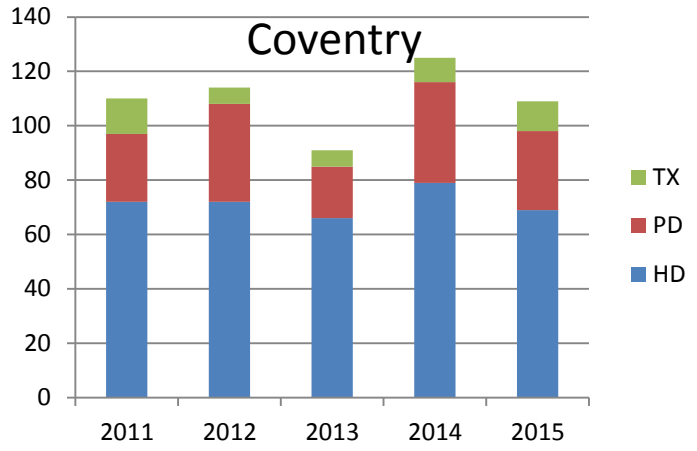


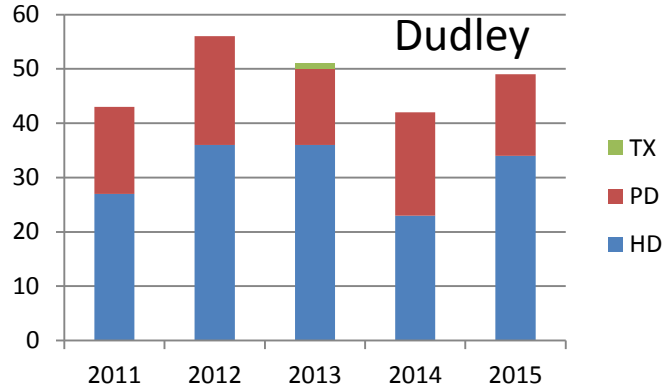
% RRT start by modality W Mids/England



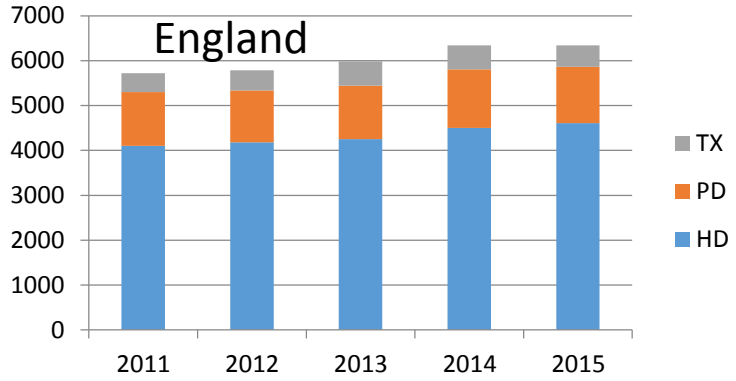


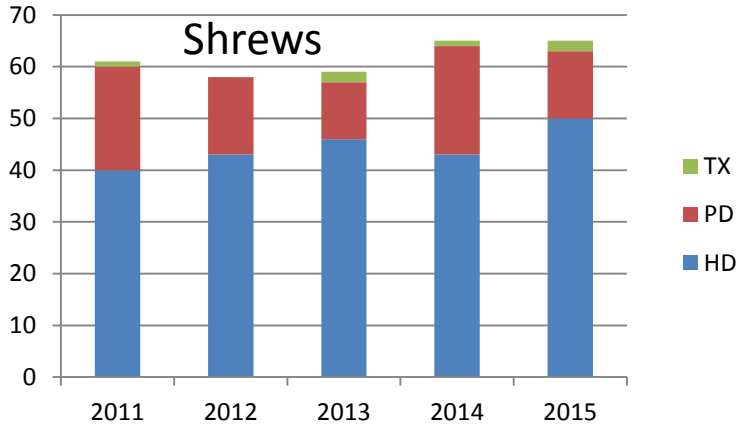


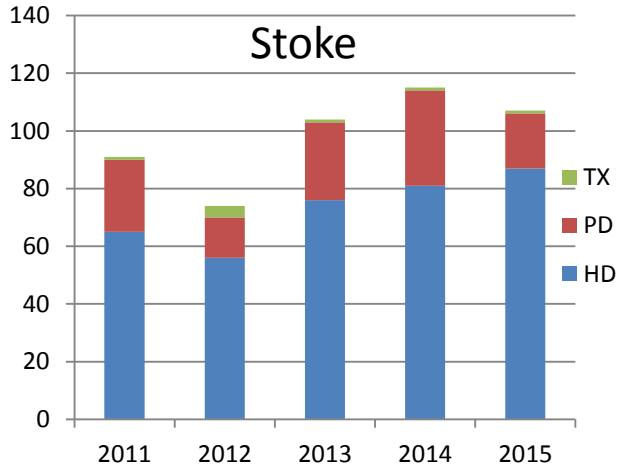


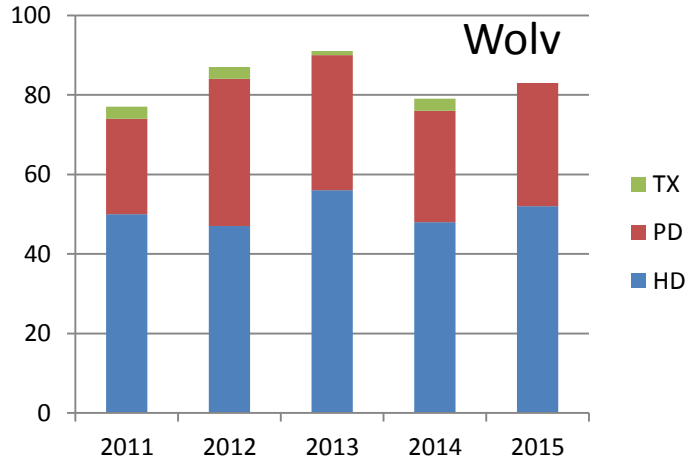


Incident RRT start by centre 2011-2015









Pre-emptive transplants at QE 2013-2016

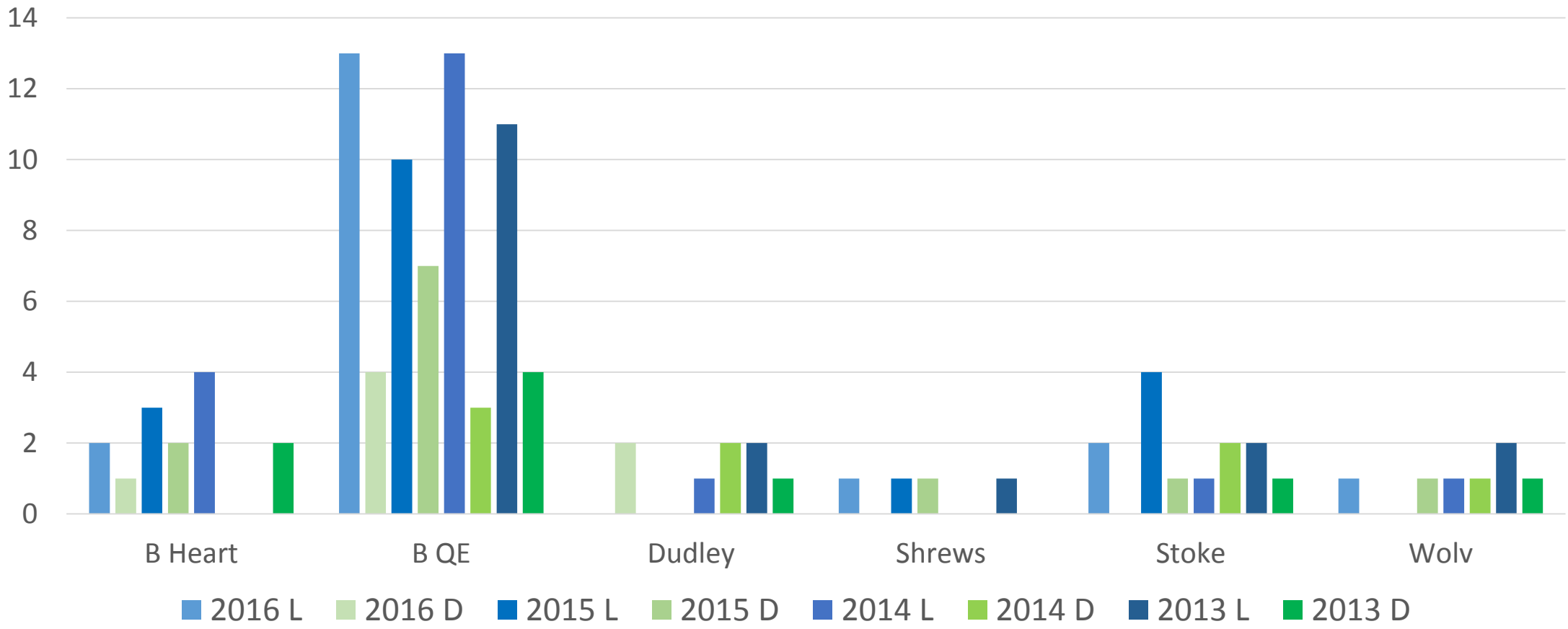
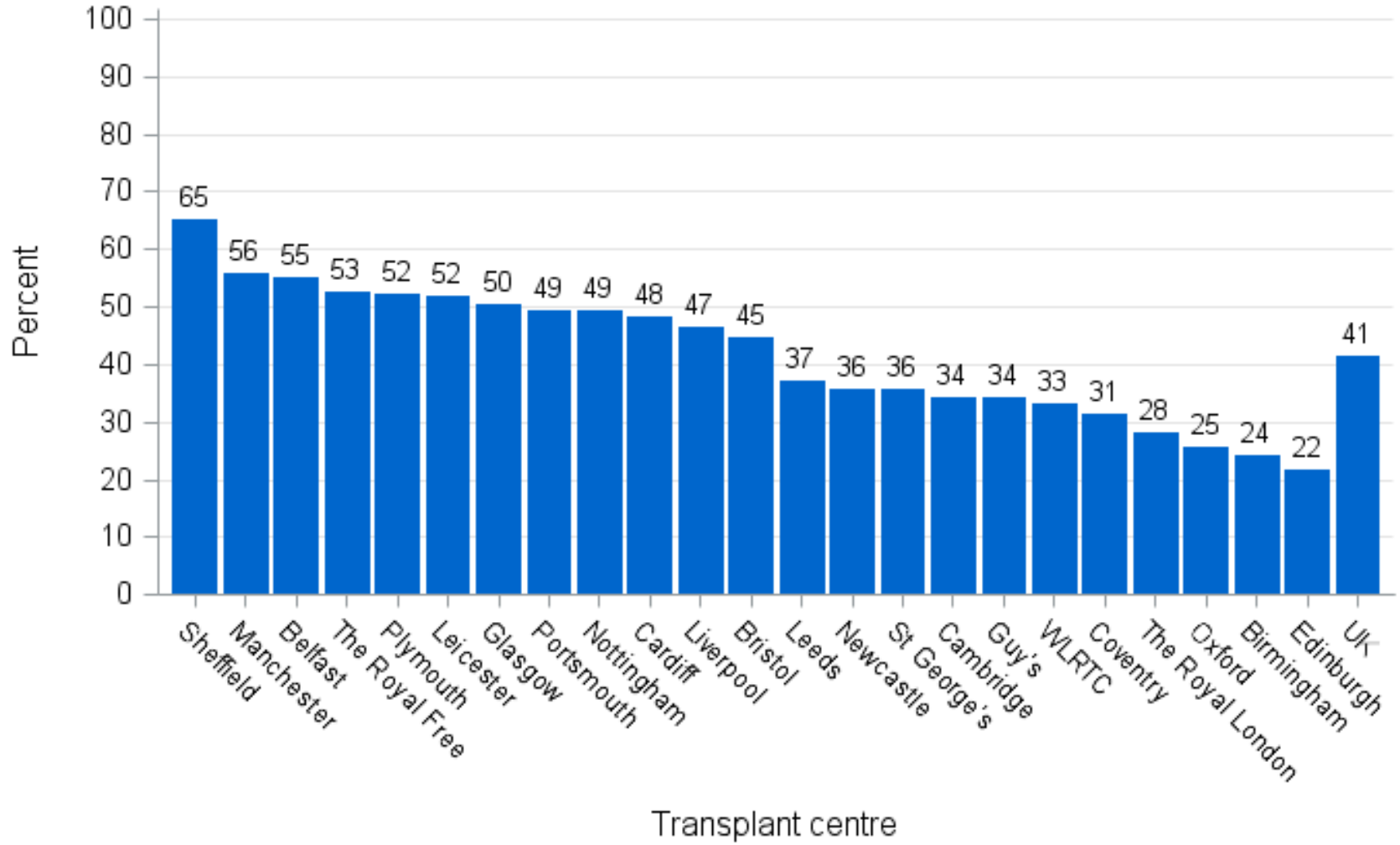
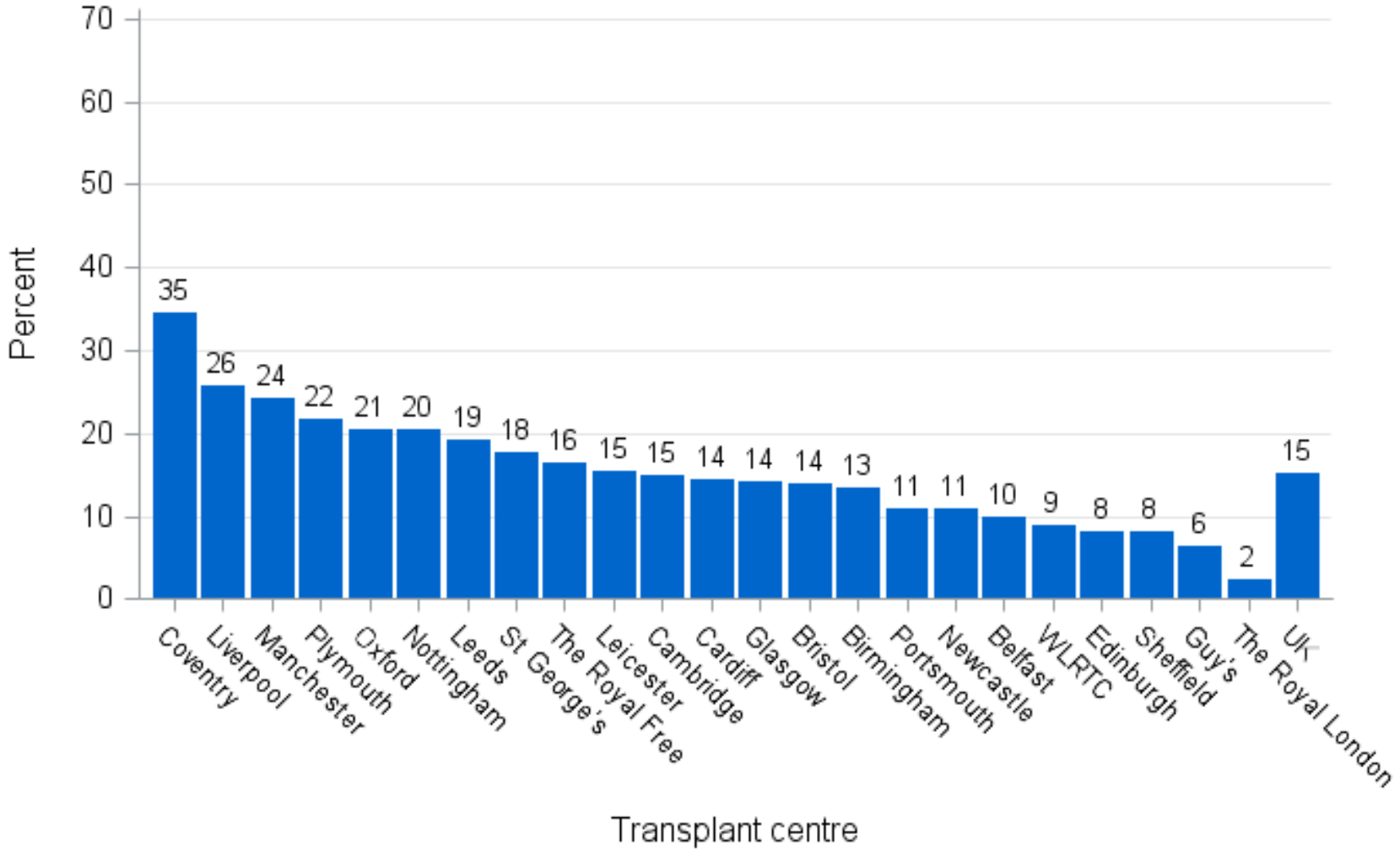


Figure 3.11 **Adult pre-emptive listing rates by centre, registrations between 1 April 2014 and 31 March 2015**



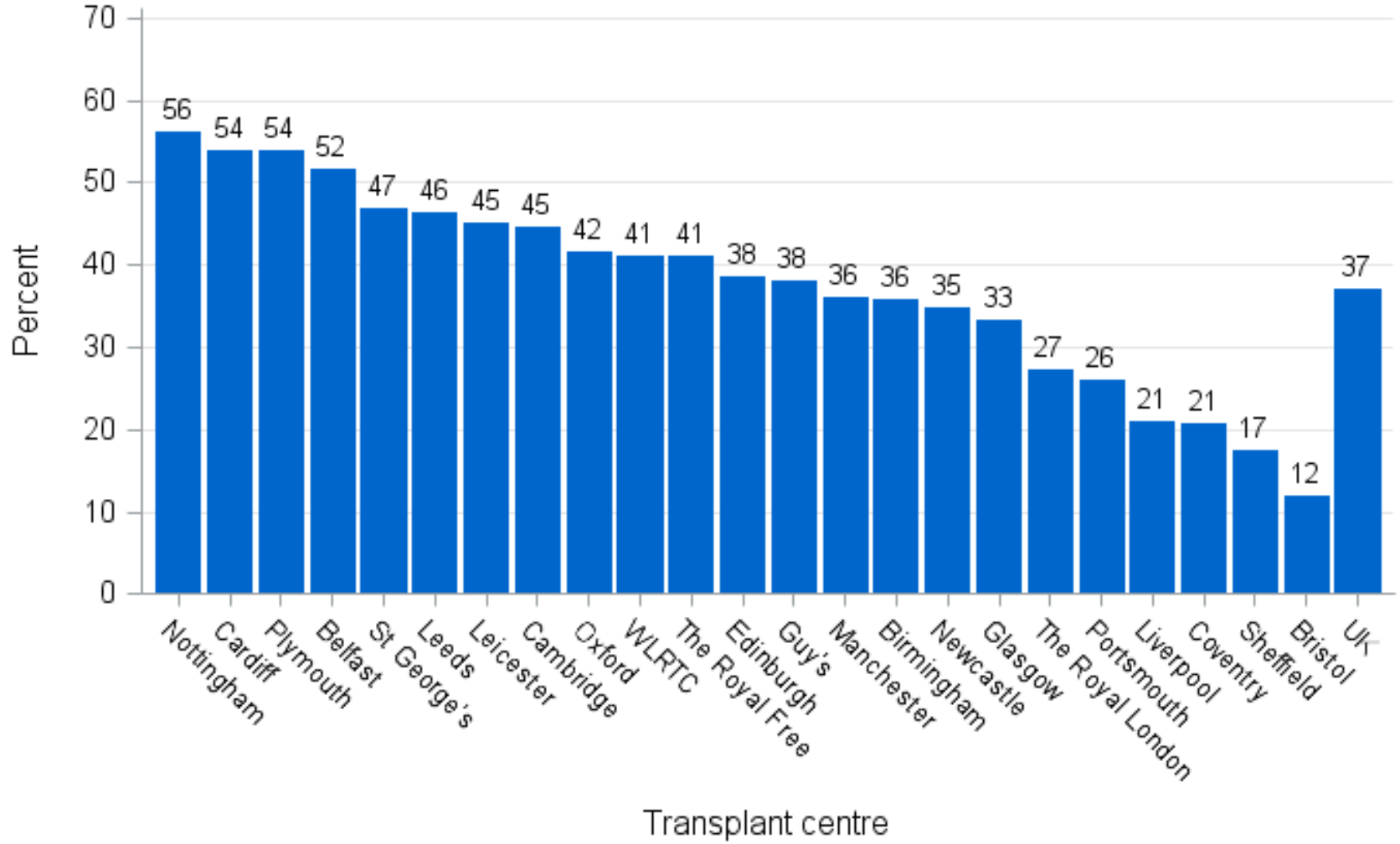
Source: Annual Report on Kidney Transplantation 2015/16, NHS Blood and Transplant

Figure 5.5 Adult deceased donor pre-emptive transplant rates by centre, 1 April 2015 - 31 March 2016



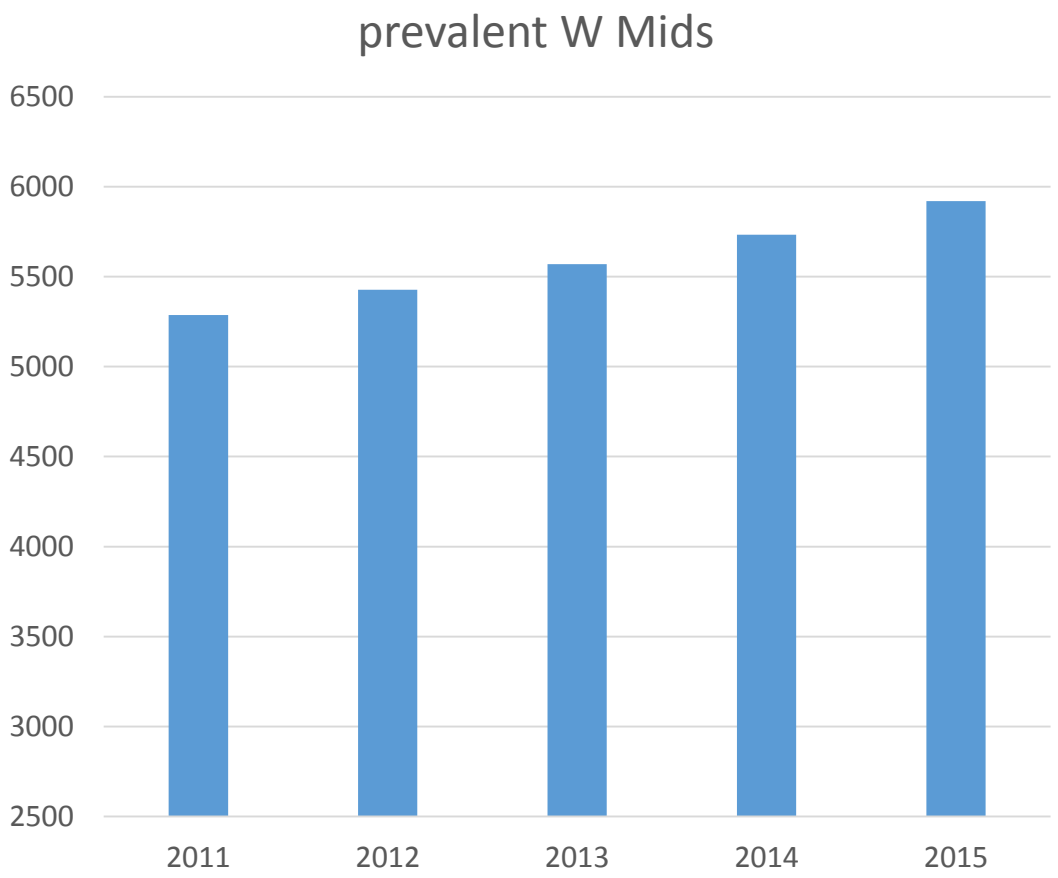
Source: Annual Report on Kidney Transplantation 2015/16, NHS Blood and Transplant

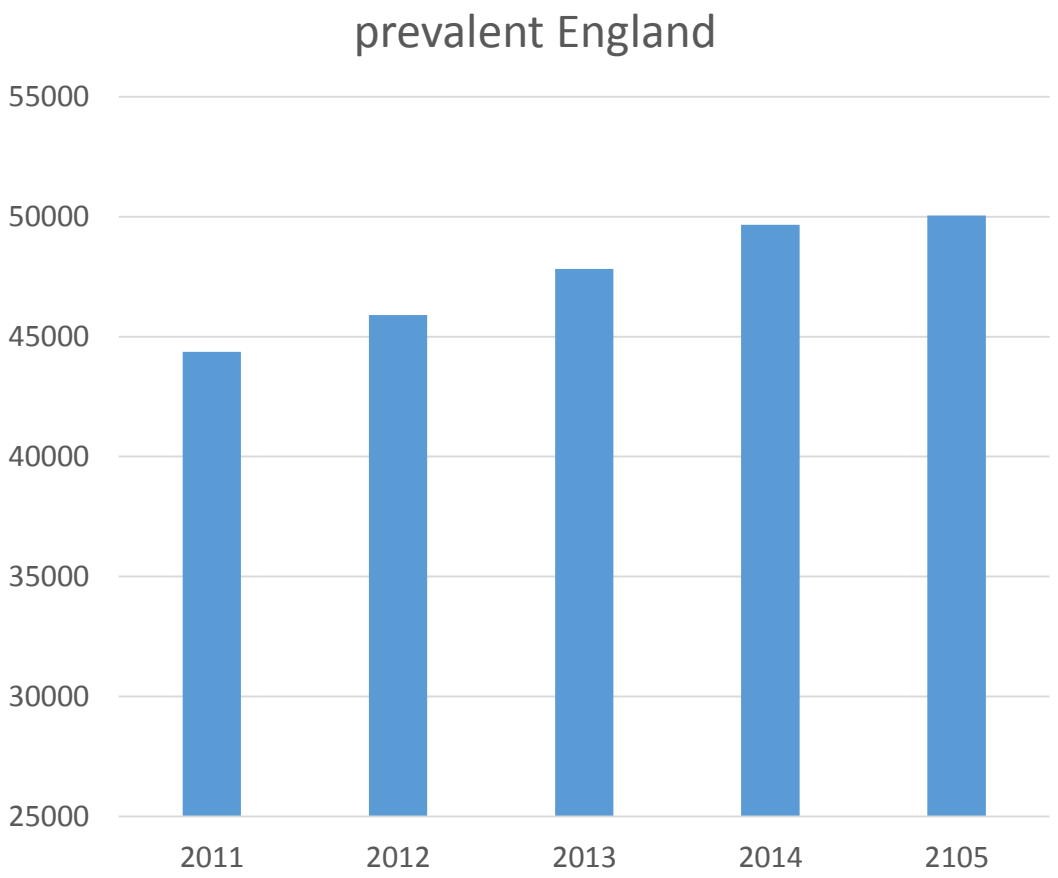
Figure 5.6 Adult living donor pre-emptive transplant rates by centre, 1 April 2015 - 31 March 2016



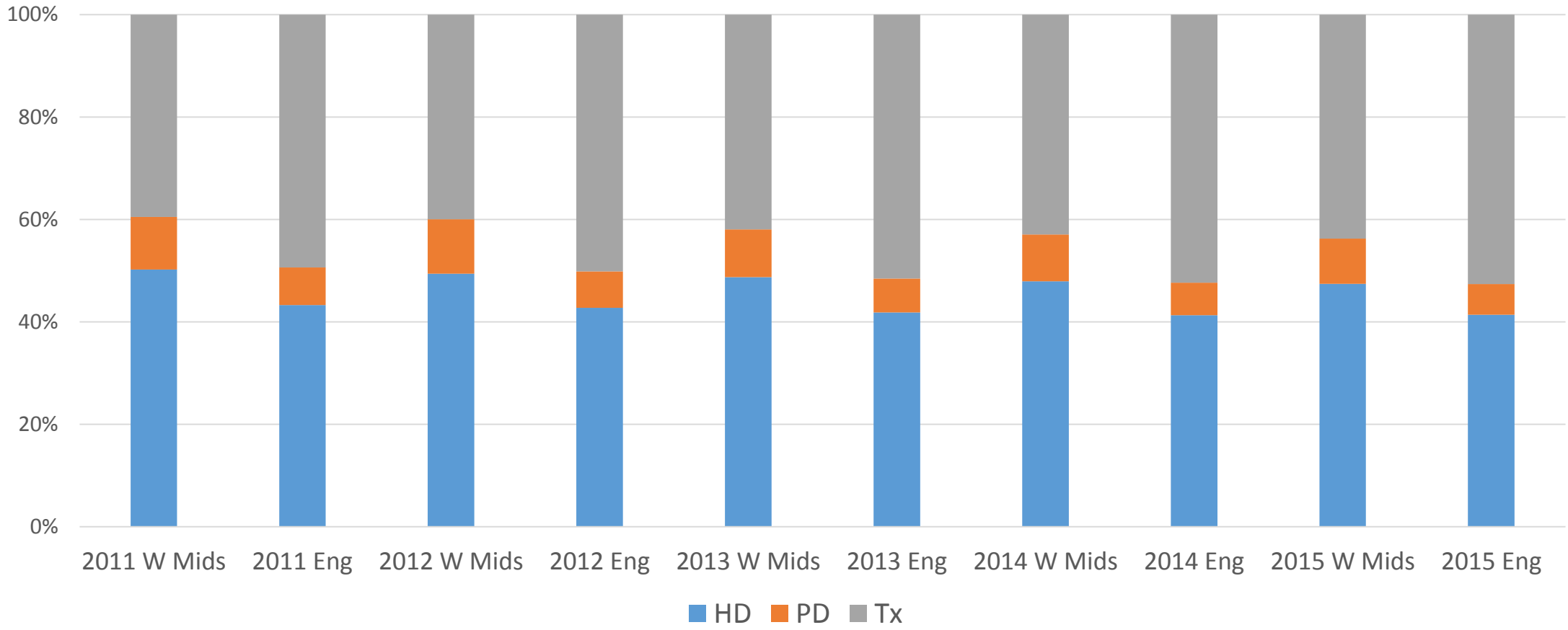
Source: Annual Report on Kidney Transplantation 2015/16, NHS Blood and Transplant

Prevalent RRT 2011-2015

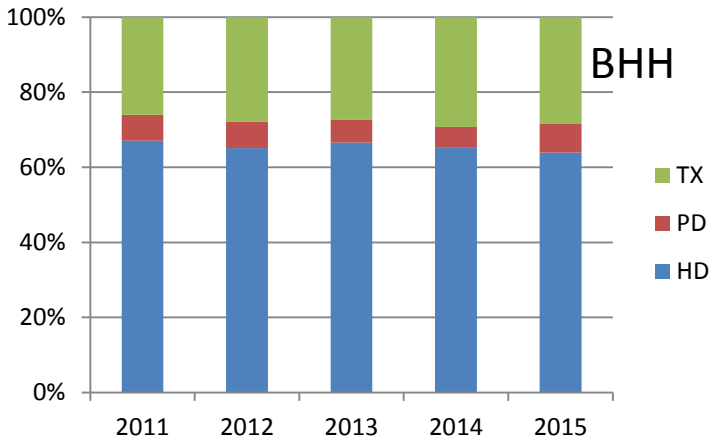


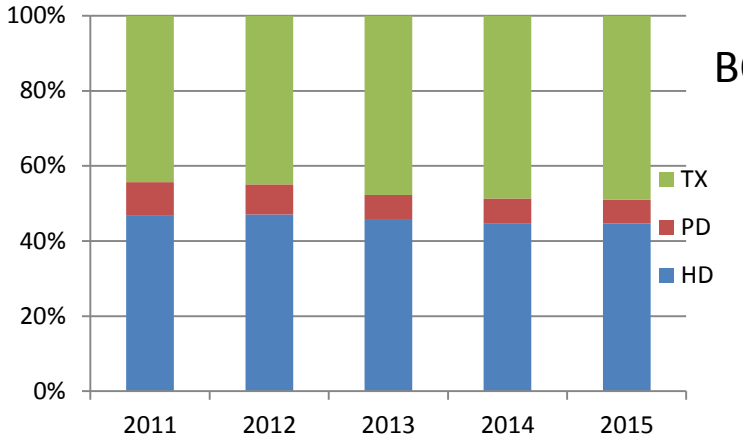


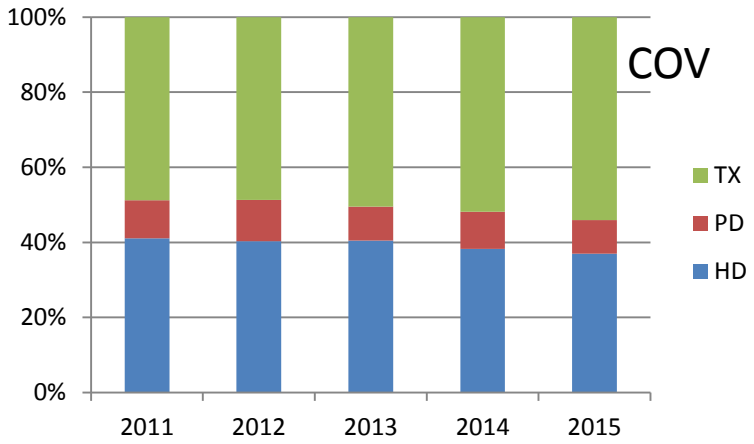
Prevalent % RRT 2011-2015: W Mids/England

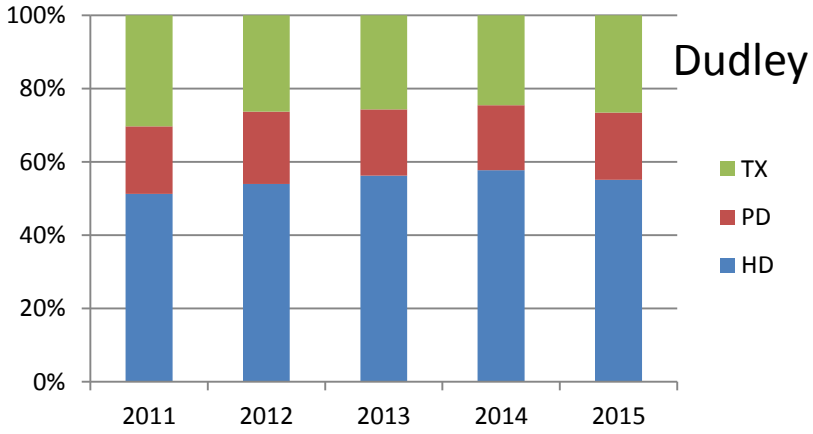


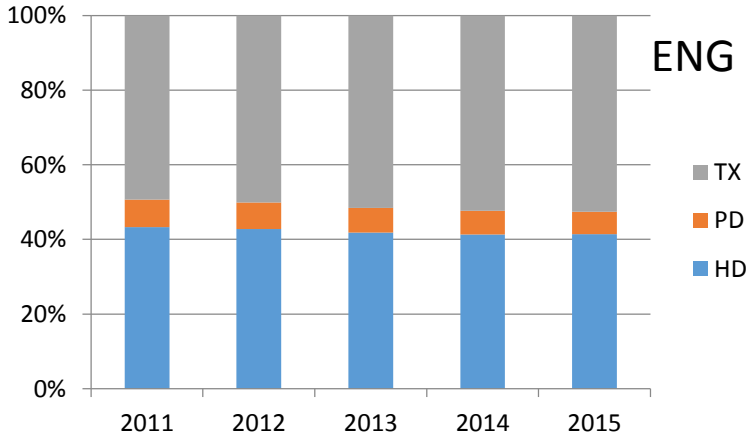
Prevalent RRT by centre 2011-2015

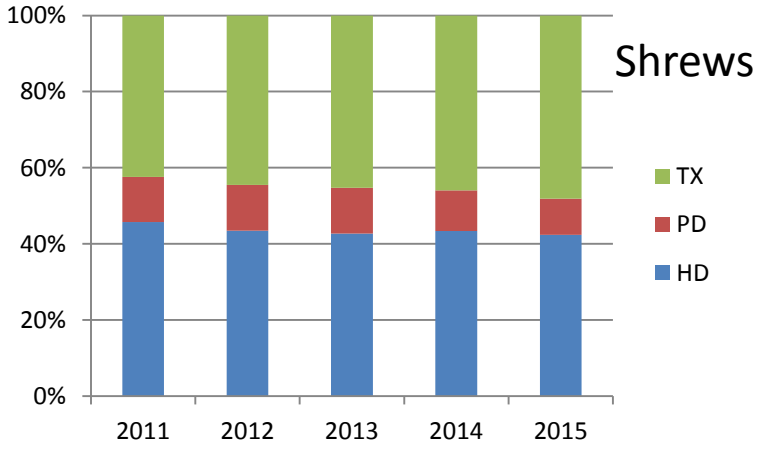


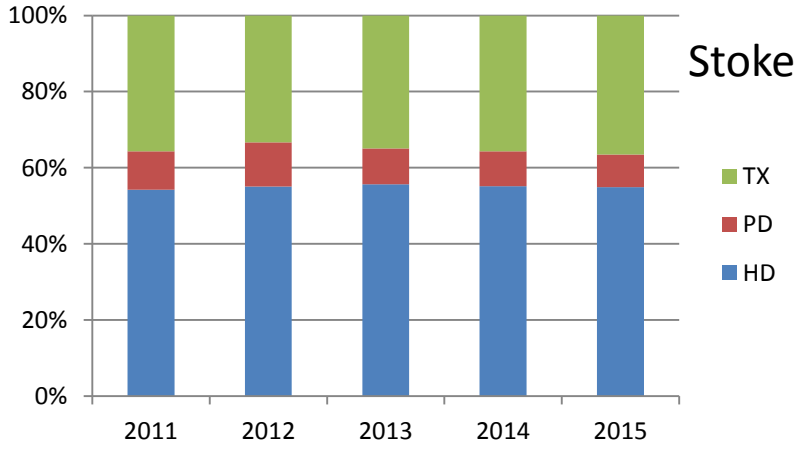


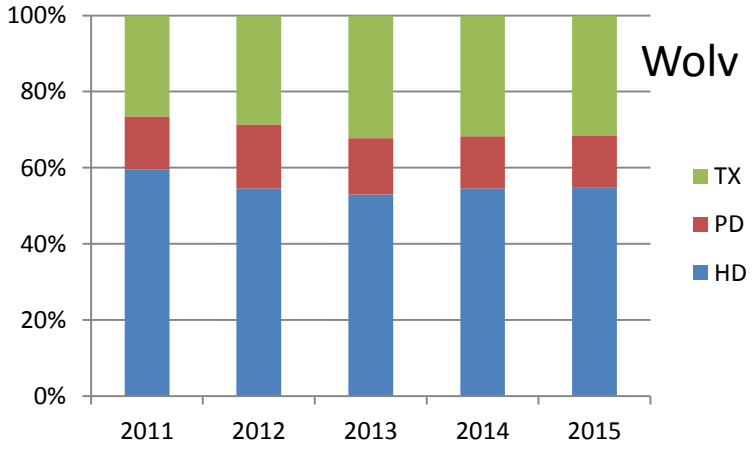












% prevalent RRT transplants by centre and by postcode

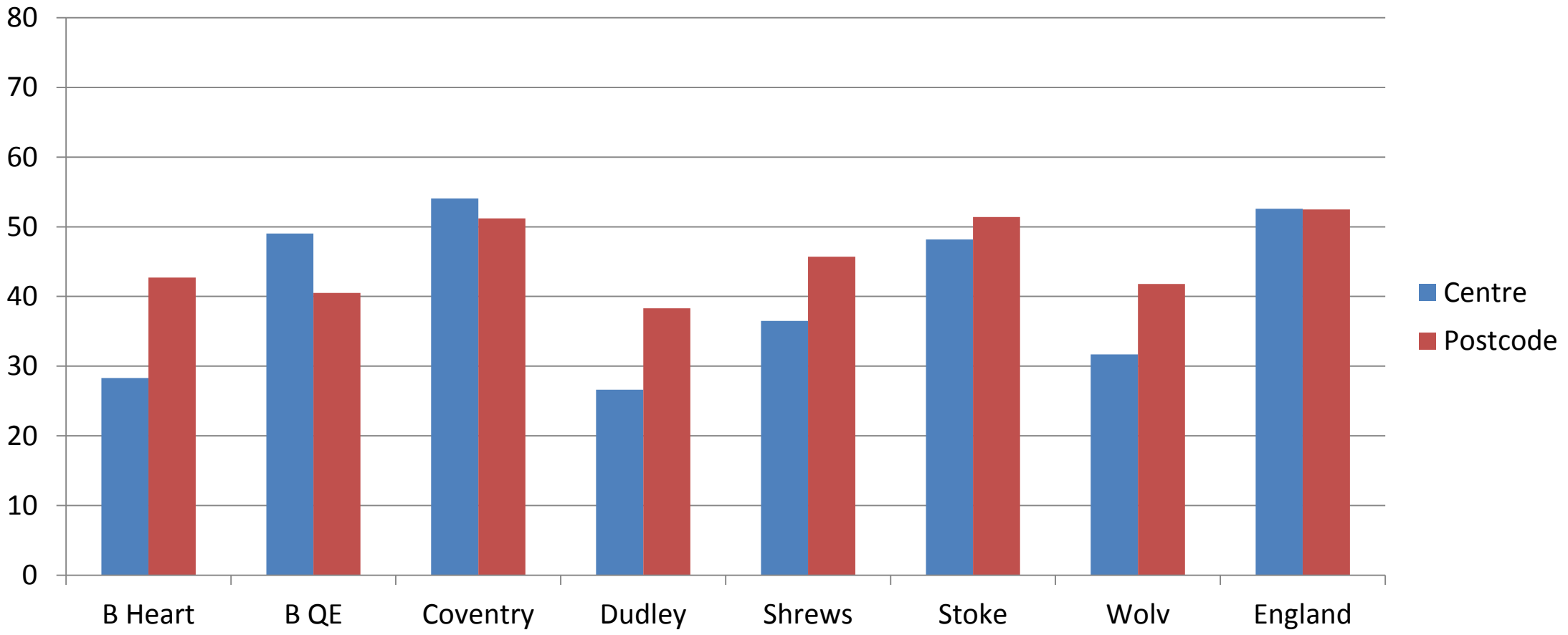
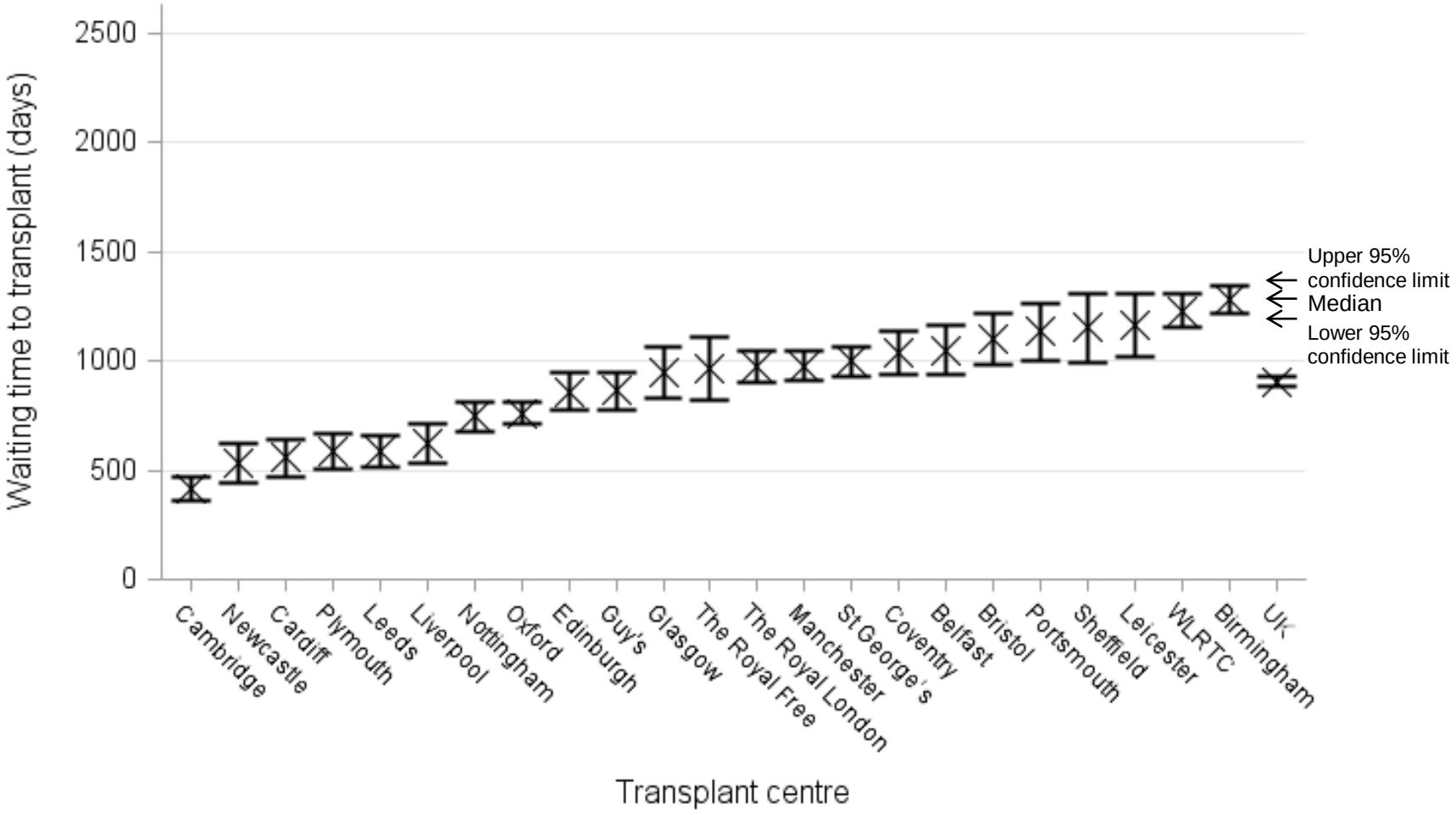
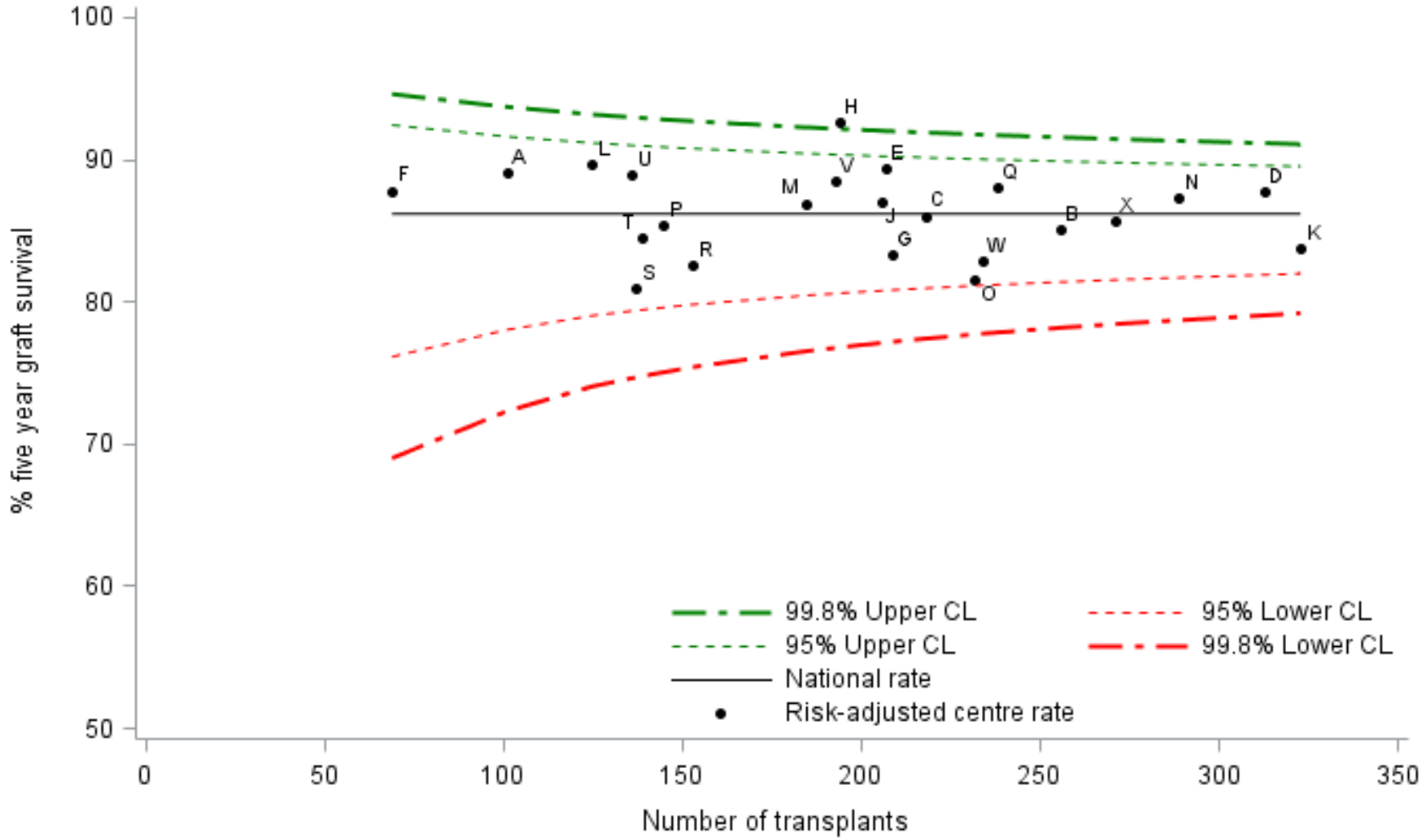


Figure 3.10 **Median waiting time to deceased donor transplant for adult patients registered on the kidney transplant list, 1 April 2010 - 31 March 2013**



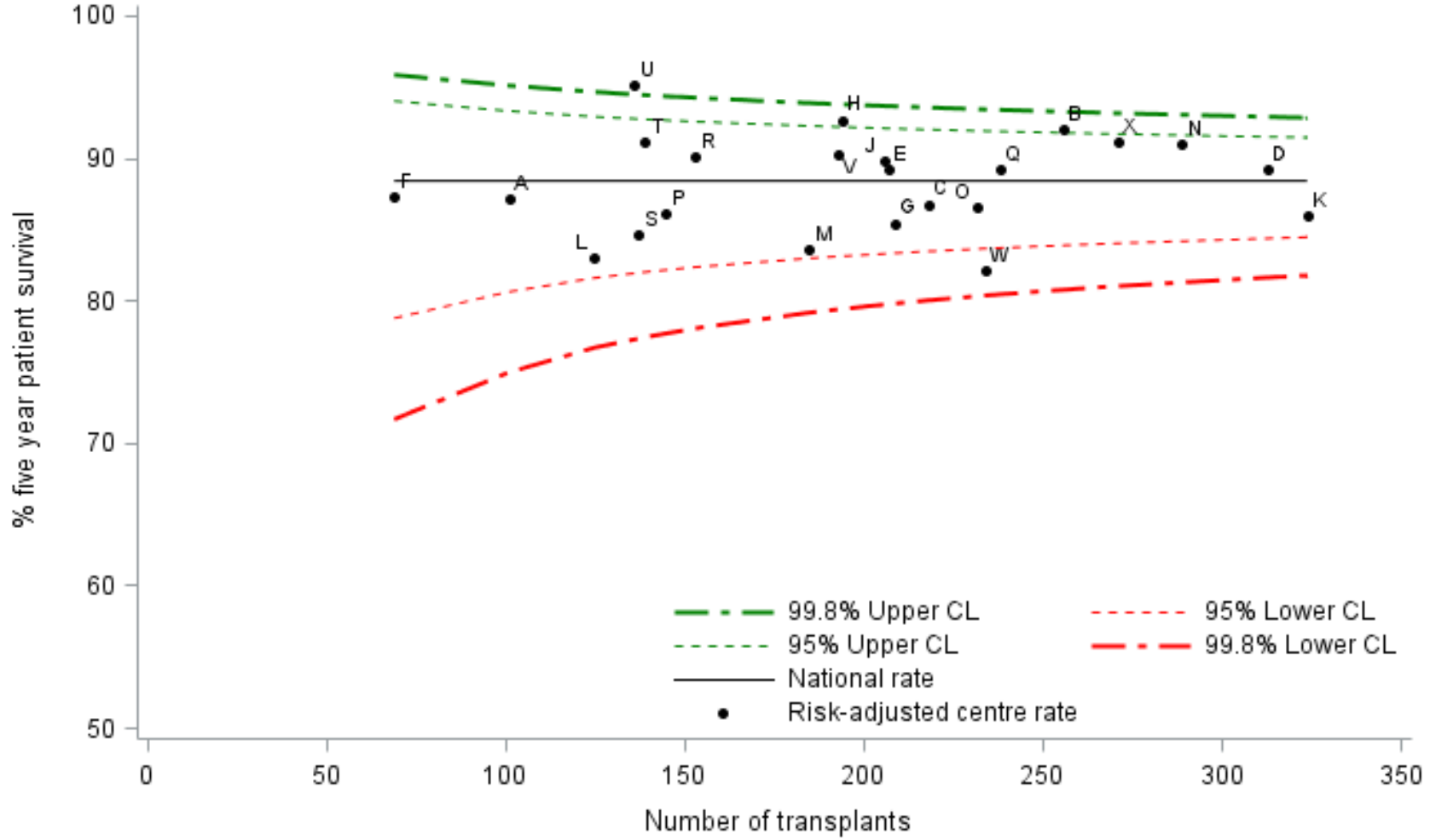
Source: Annual Report on Kidney Transplantation 2015/16, NHS Blood and Transplant

Figure 6.3 **Risk-adjusted five year graft (death censored) survival rates for first deceased donor kidney transplants in adult patients, between 1 April 2007 and 31 March 2011**



Source: Annual Report on Kidney Transplantation 2015/16, NHS Blood and Transplant

Figure 6.4 **Risk-adjusted five year patient survival rates for first deceased donor kidney transplants in adult patients, between 1 April 2007 and 31 March 2011**



Source: Annual Report on Kidney Transplantation 2015/16, NHS Blood and Transplant

http://www.odt.nhs.uk/pdf/organ_specific_report_kidney_2016.pdf

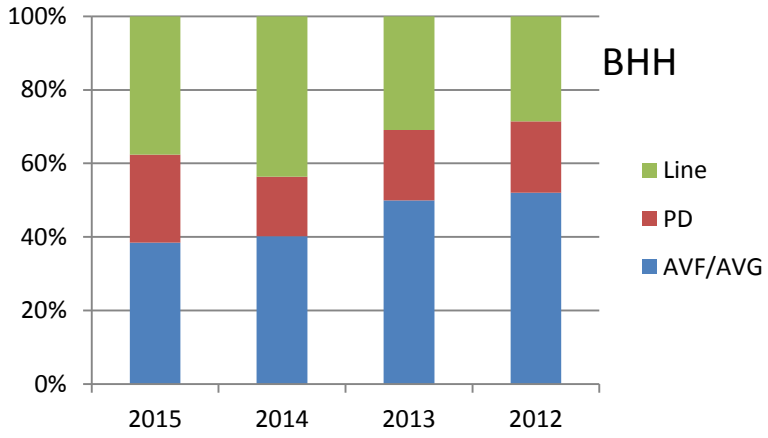
NHS
Blood and Transplant

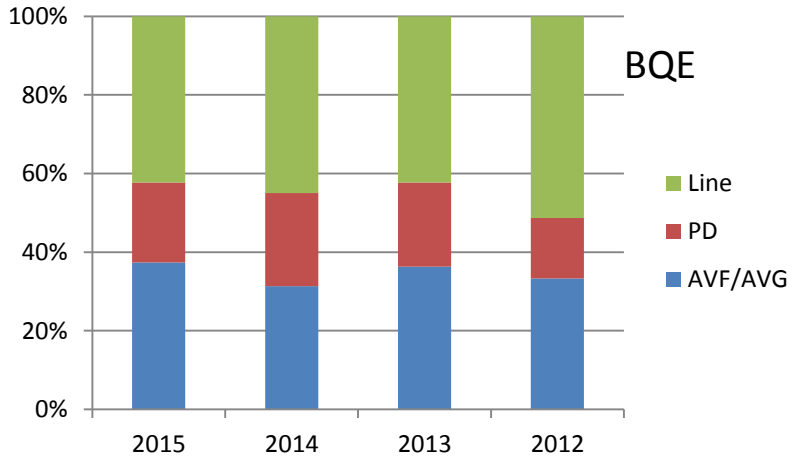
ANNUAL REPORT ON KIDNEY TRANSPLANTATION

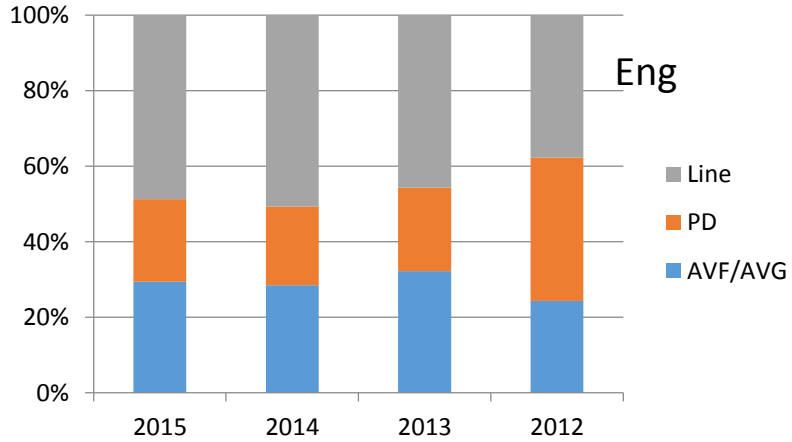
REPORT FOR 2015/2016
(1 APRIL 2006 – 31 MARCH 2016)

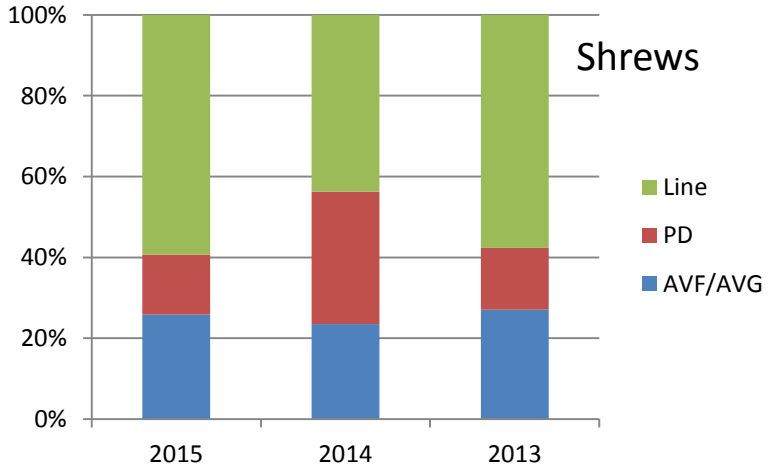
Dialysis access

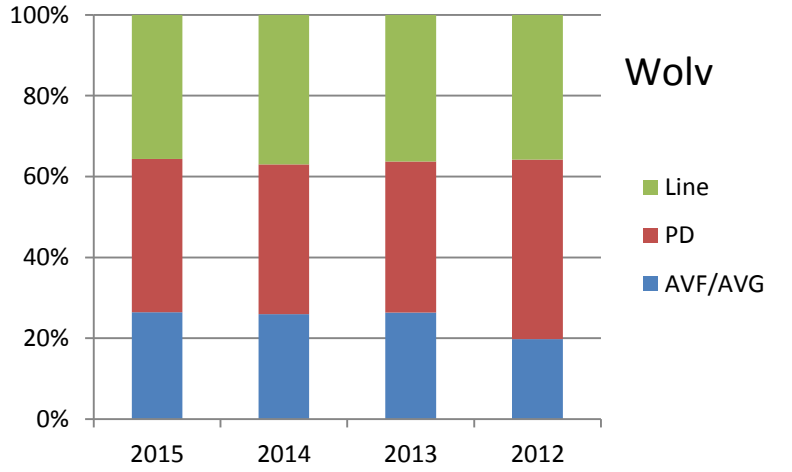
Incident access by centre 2012-2015



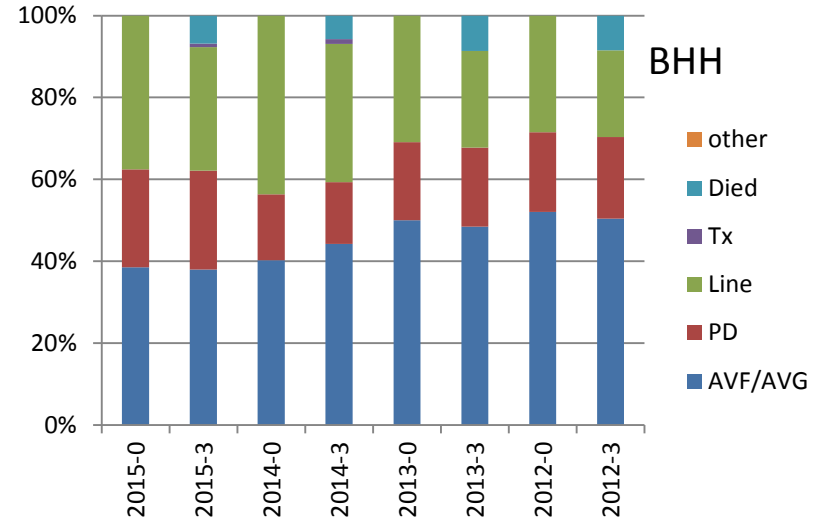


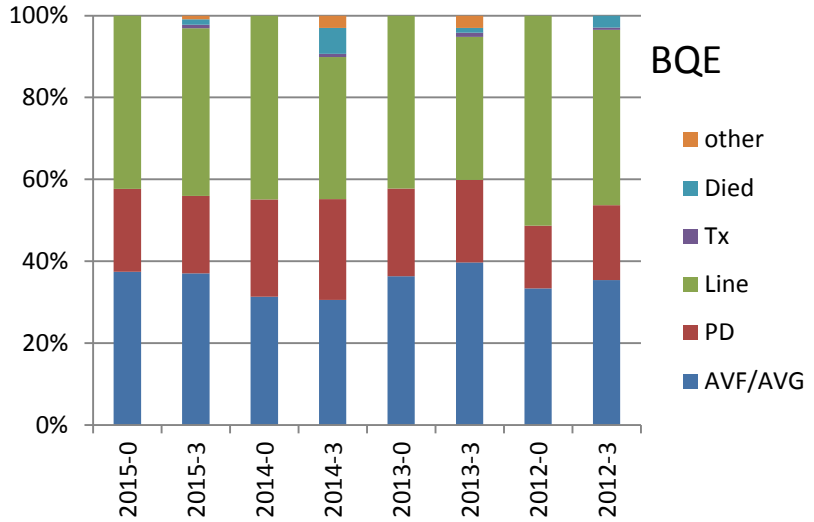


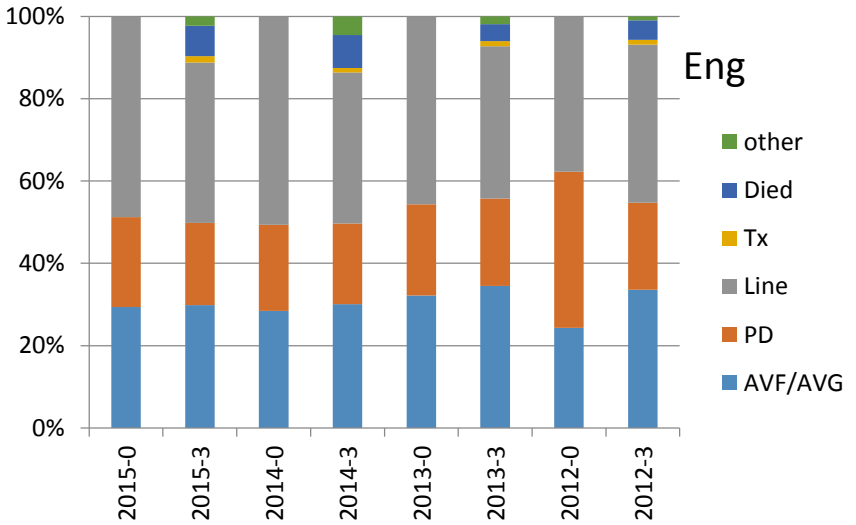


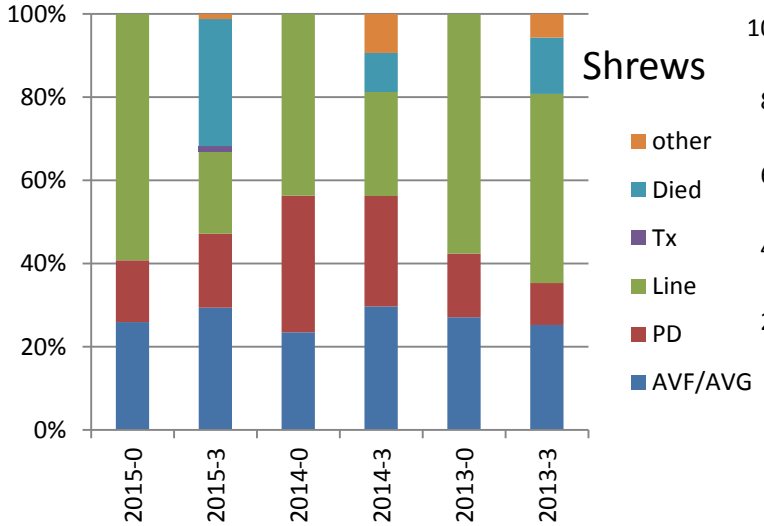


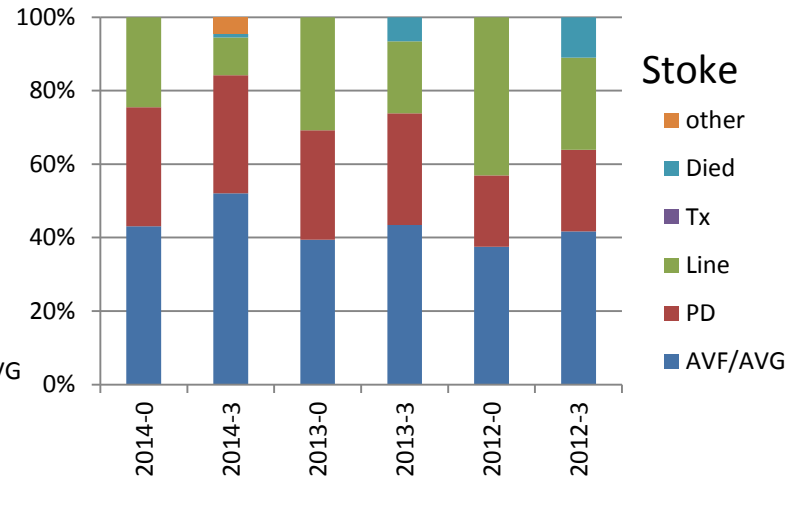
Incident access by centre at 3 months 2012-2015

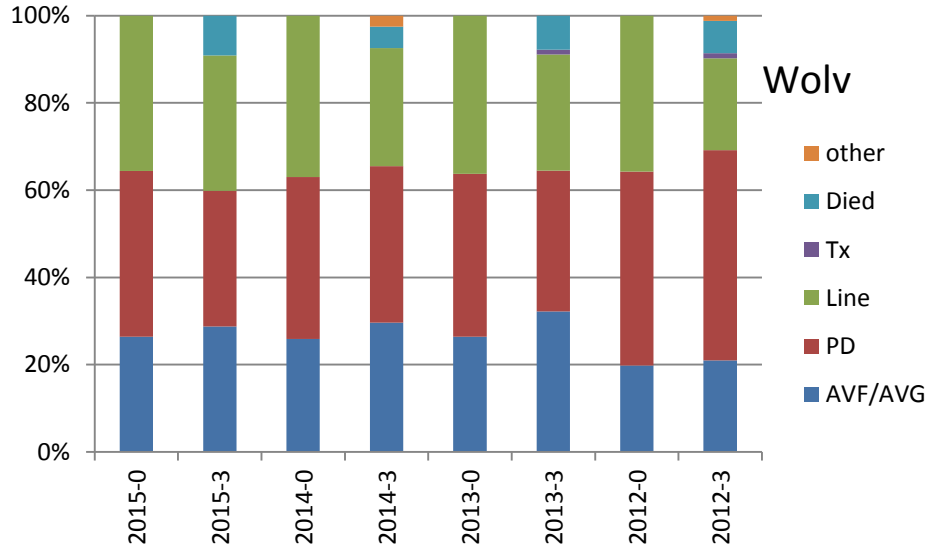




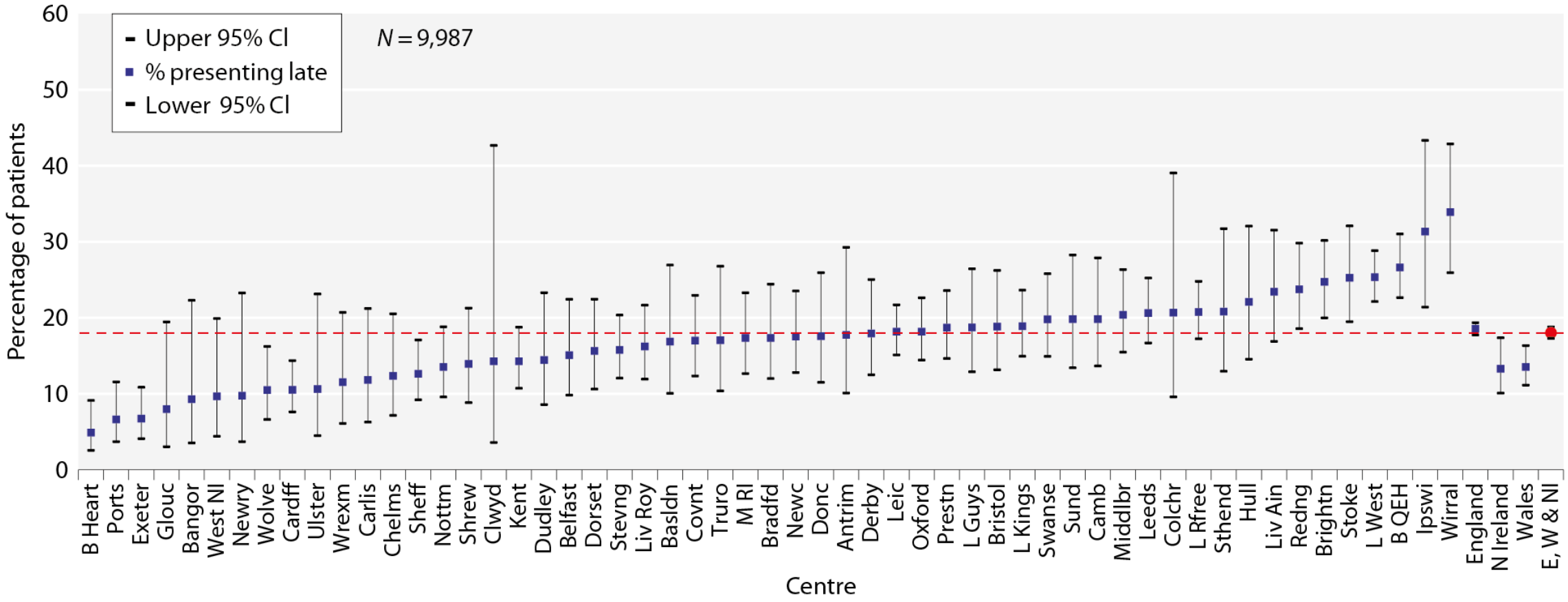








Percentage presenting late 2013-2014



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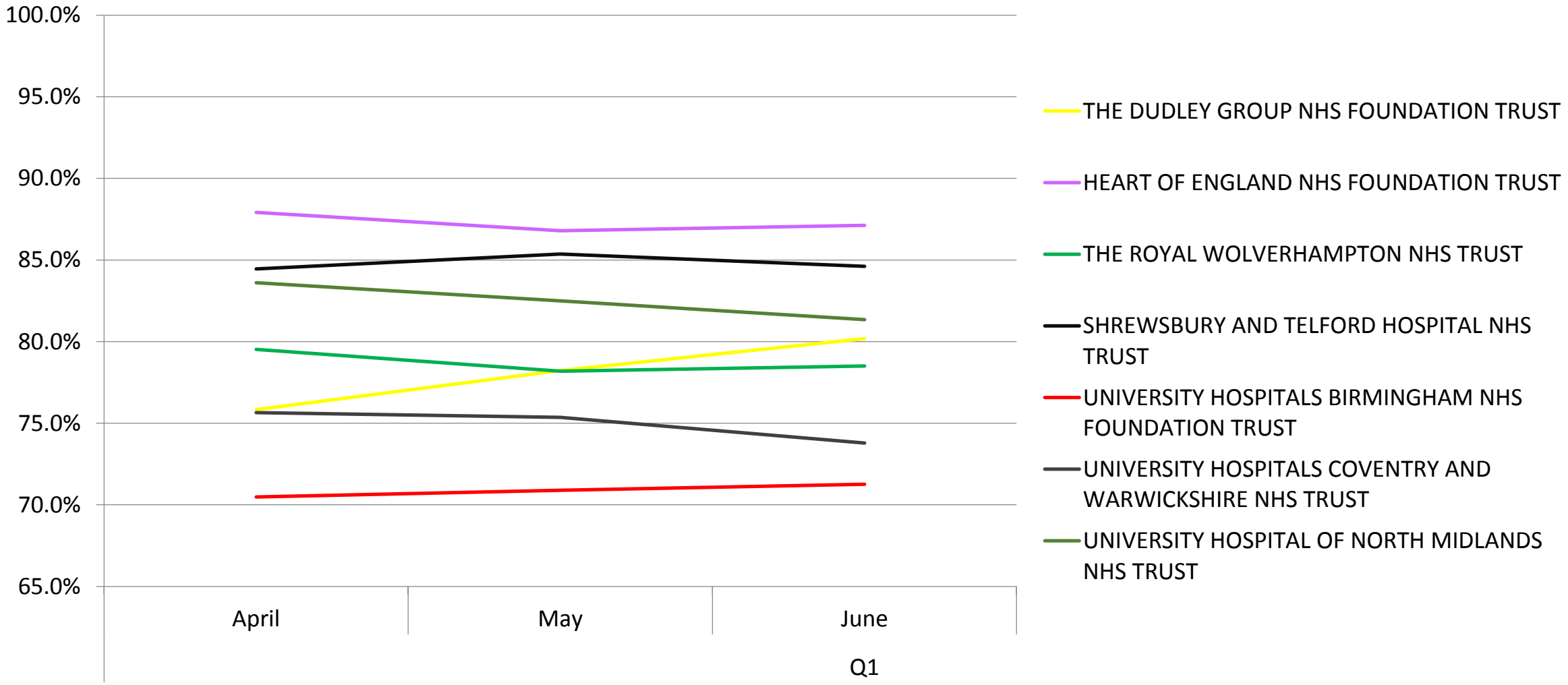
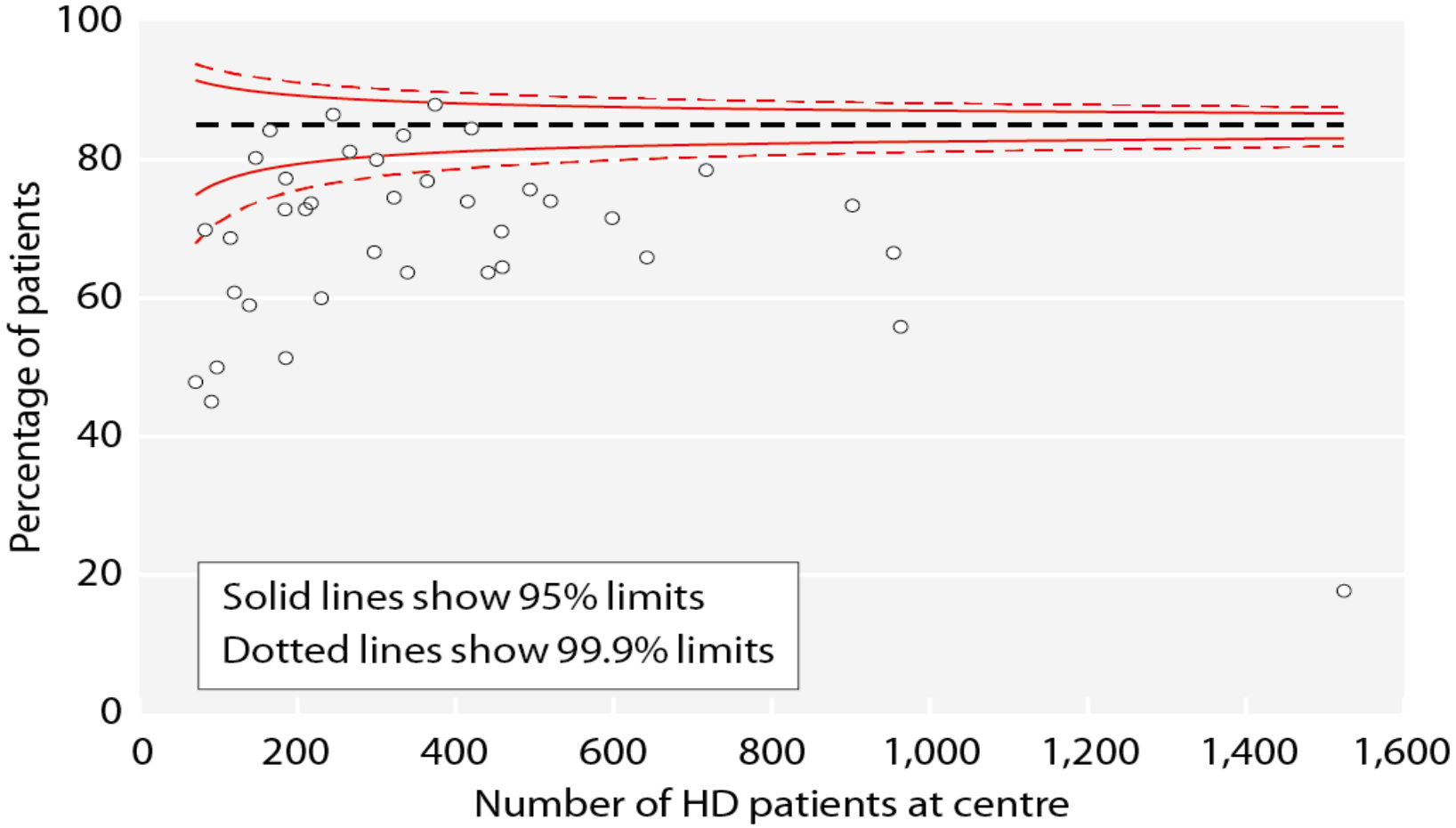
Vascular access rates from specialised commissioning



Funnel plot of % HD dialysing using AVF/AVG



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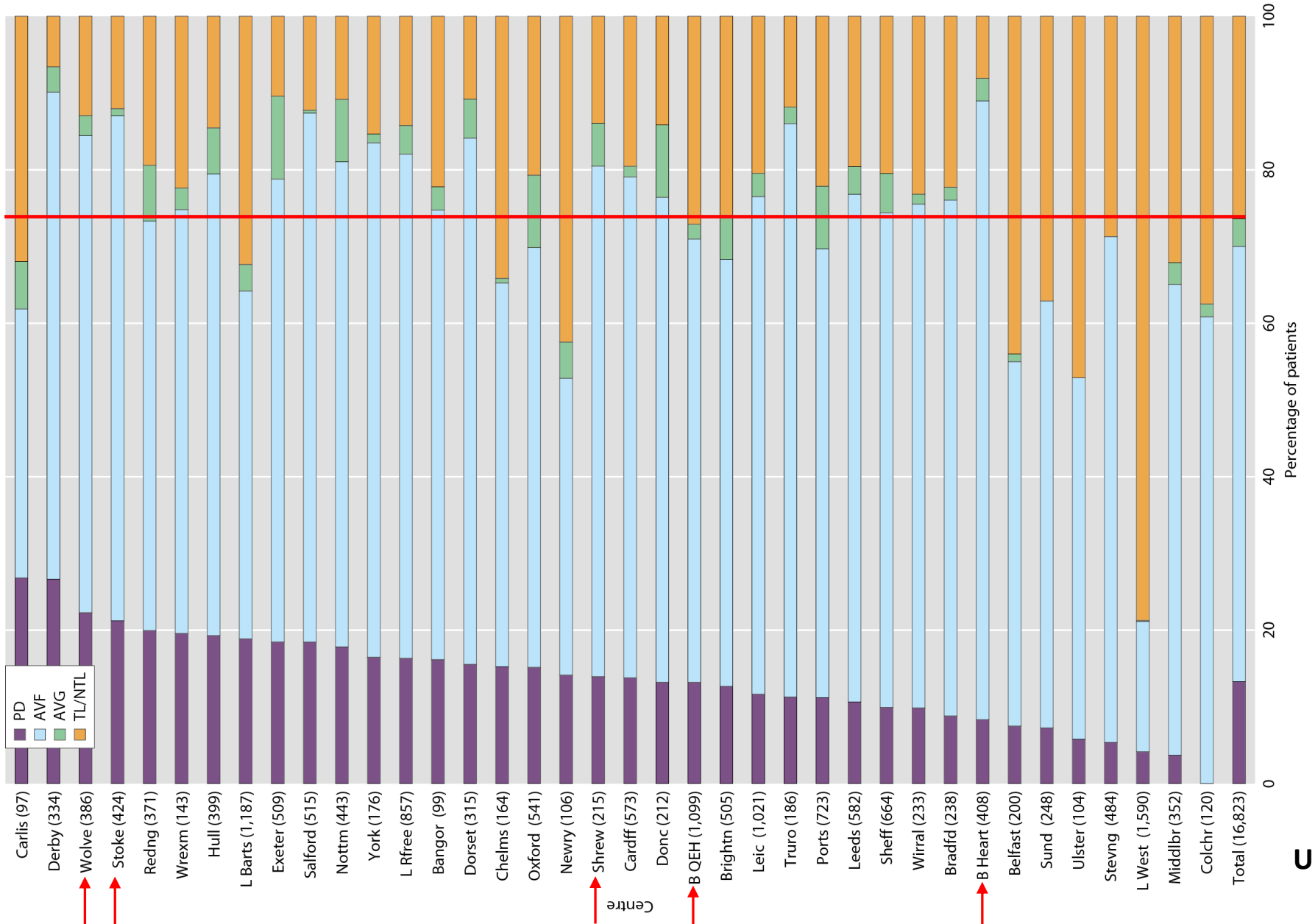
Prevalent dialysis patients by access type



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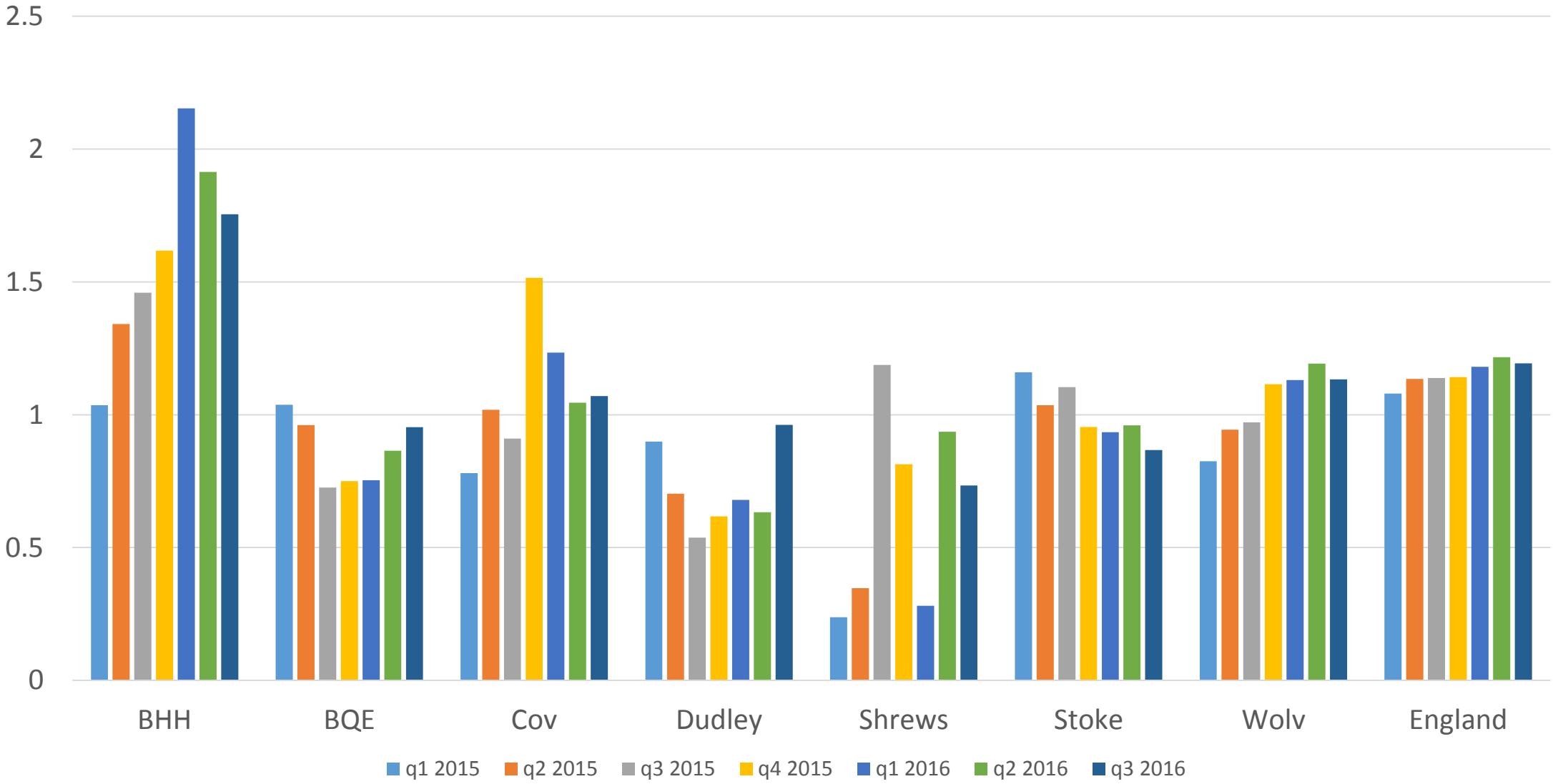
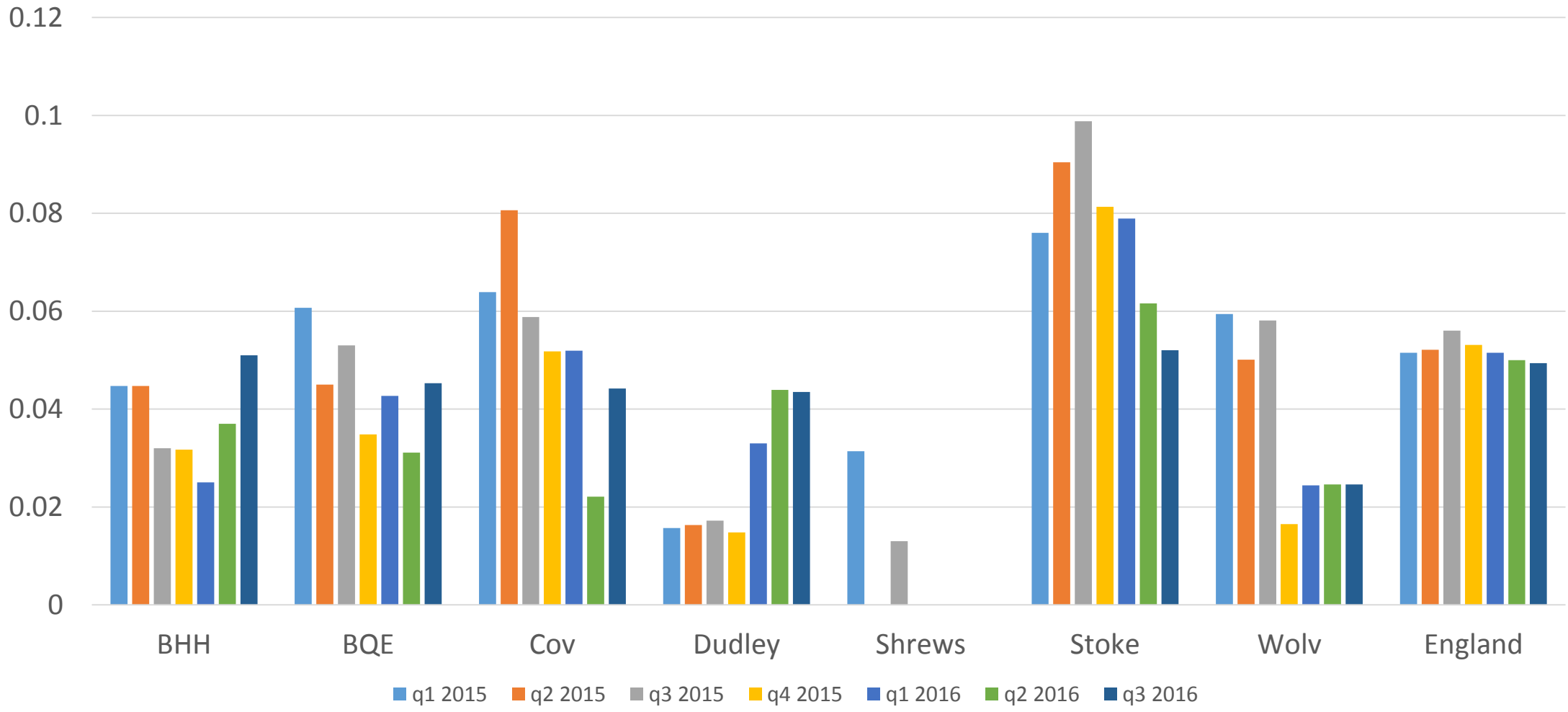
Dialysis infection data: dashboard

Peritonitis per patient day; 2015-2016

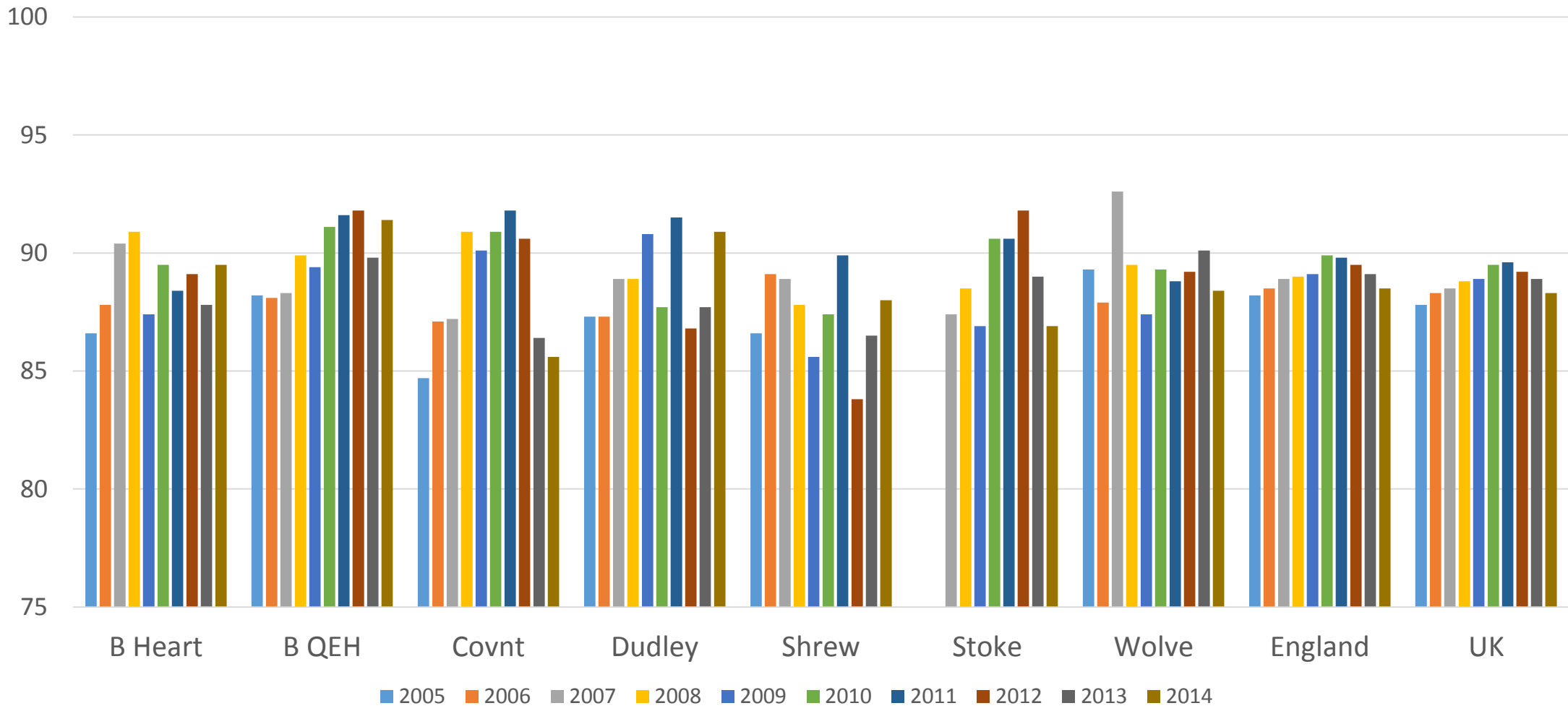


MSSA and MRSA bacteraemia/HD patient days

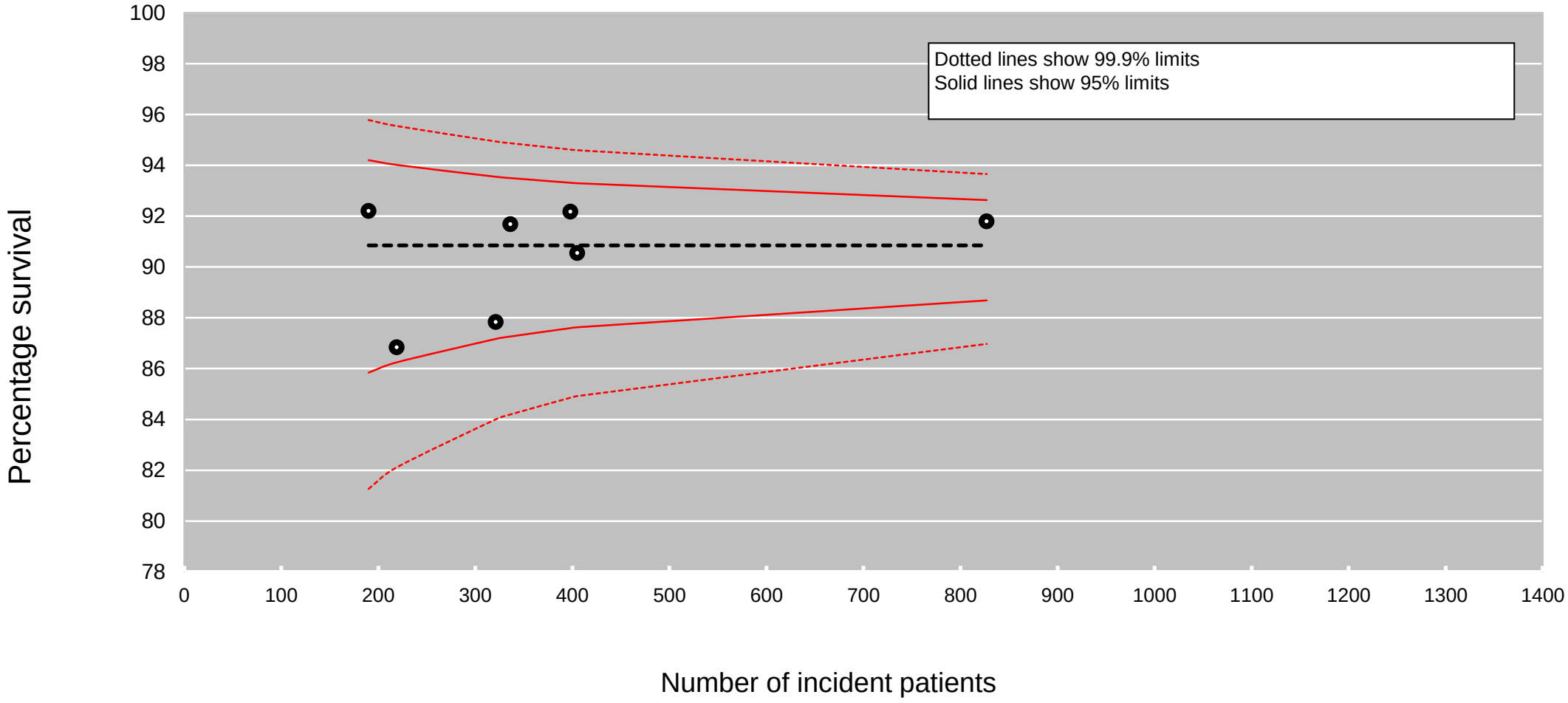


Patient survival

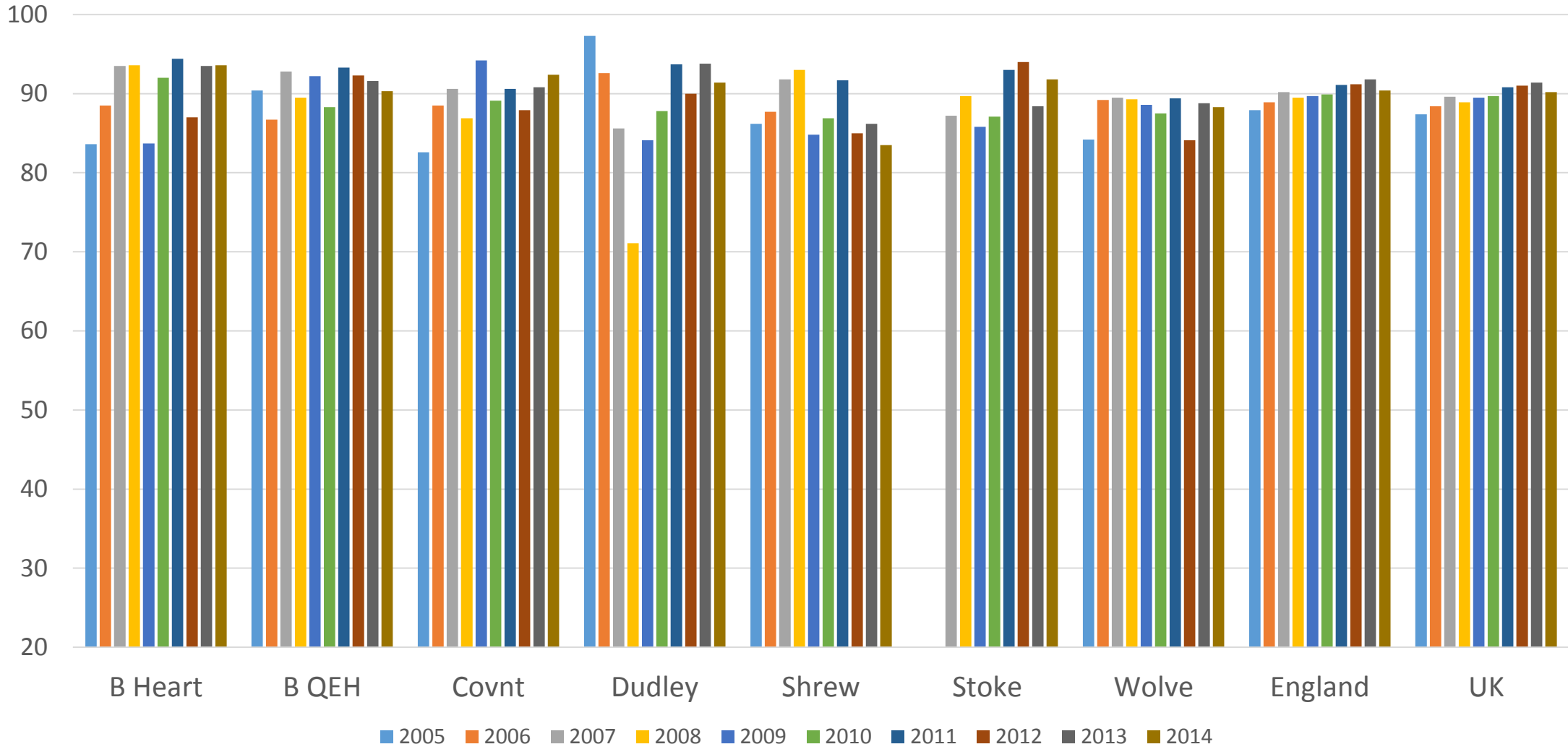
One year survival prevalent dialysis patient survival adjusted age 60yrs



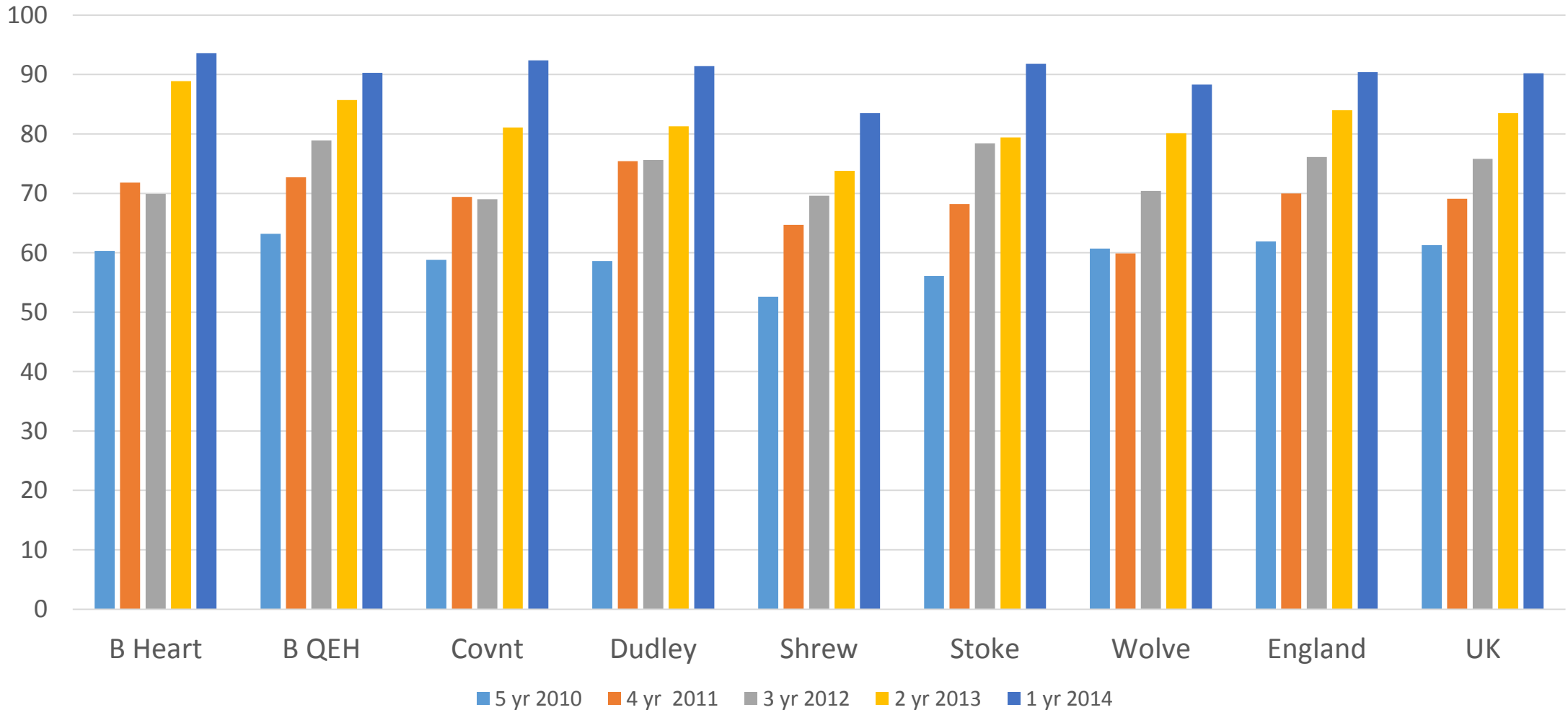
Funnel plot for age adjusted 1 year after 90 days survival 2011-2014 cohort



One-year after 90-day incident survival by centre for incident cohort years 2005-2014, adjusted to age 60

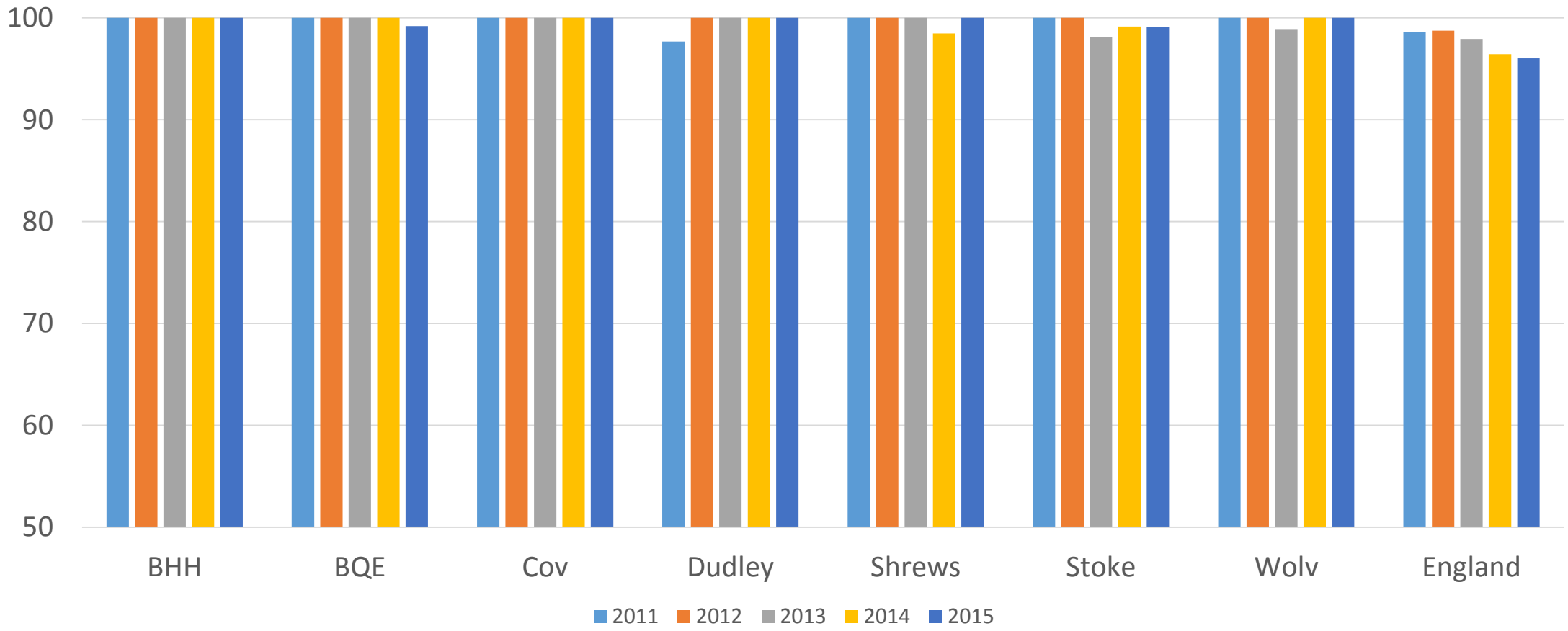


Incident survival after 90 days from start of RRT for incident cohort years 2010-2014, adjusted to age 60

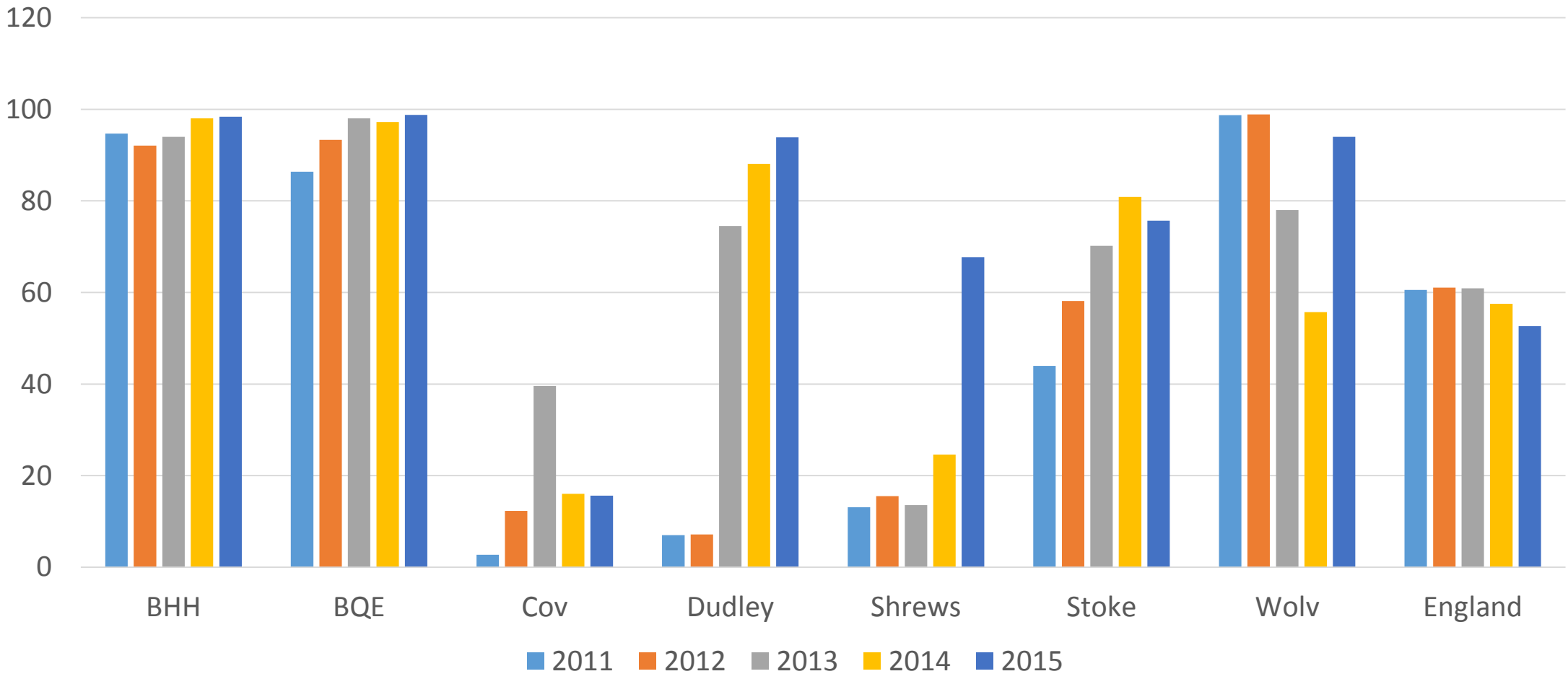


Data completeness

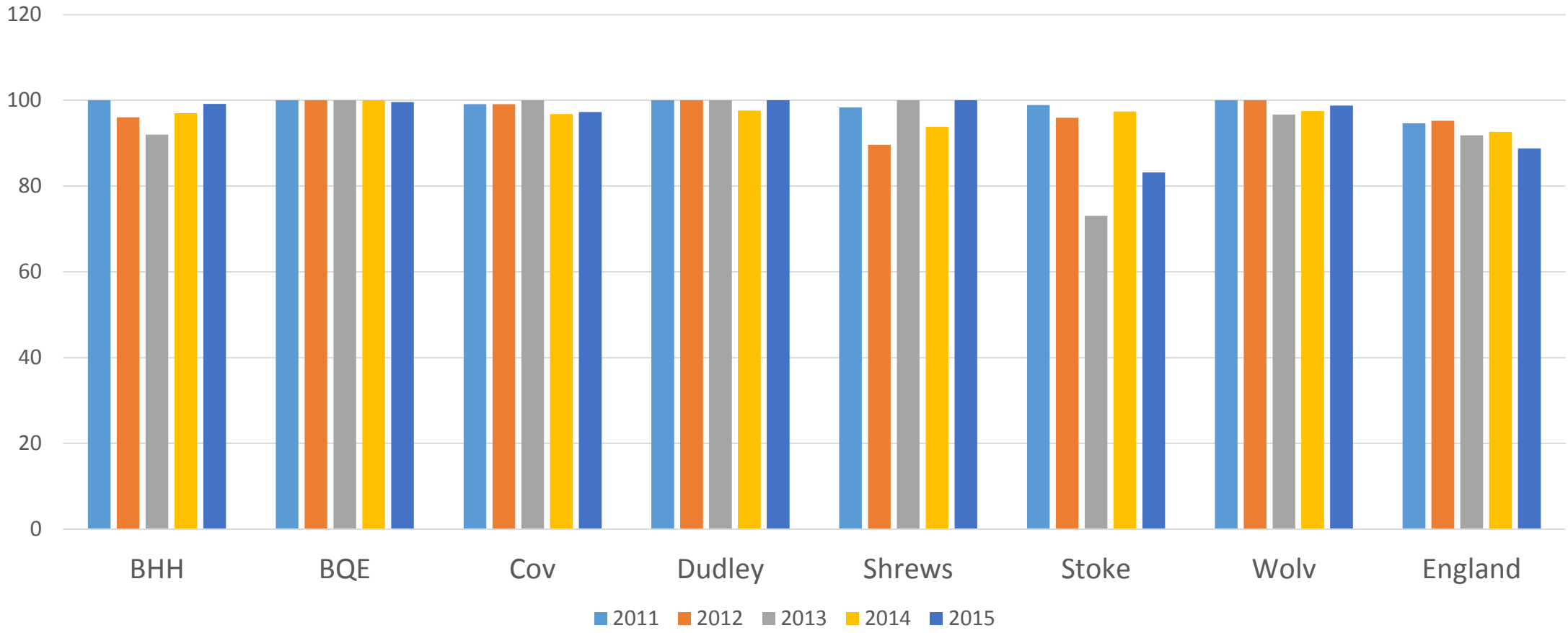
Data completeness: ethnicity



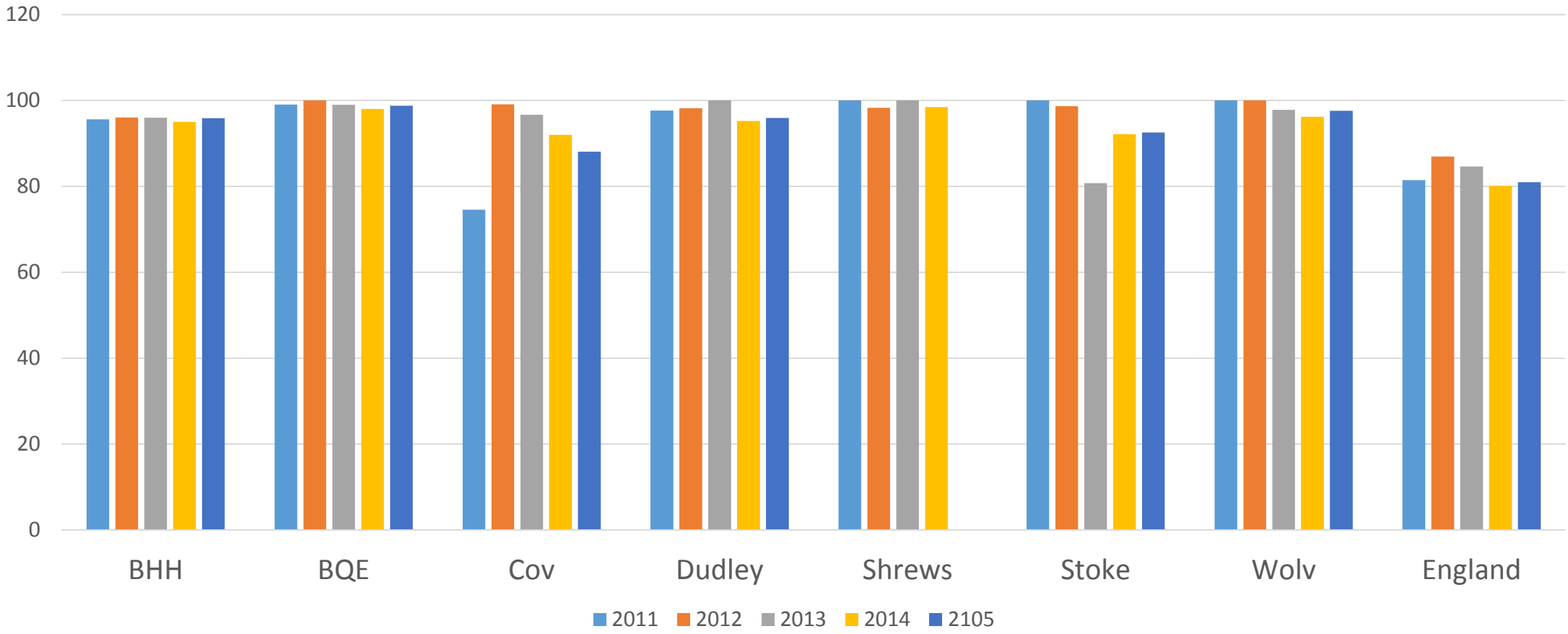
Data completeness: co-morbidity



Data completeness; primary renal diagnosis



Data completeness: first seen by nephrologist



Summary

- Transplants
  - We have lower rates of pre-emptive transplantation than England average
  - There is considerable variation between units
  - We have fewer prevalent transplants than England average
  - Distribution of transplants by postcode is important to look at as well as centre providing care

- Dialysis modality
  - Considerable variation in PD rates across the region
  - Variation in peritonitis rates

- Dialysis access
  - Variation in start with access (whether fistula or PD)
  - Doesn’t particularly reflect unplanned starter figures
  - Not much change at 3 months
  - Variation in prevalent access; very high performing region
  - Bacteraemia rates vary: not hugely reflective of access

- Survival
  - Many measures; needs units to critically analyse
  - No regional outliers

- Data completeness
  - Not perfect: some units better than others

Conclusions

- Full report out end of May; look at your data
- Peer review will require further scrutiny of some areas
- Learn from other centres